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ABSTRACT

This unit is part of a Mississippi program designed to provide exploratory experiences and training for handicapped students, to determine if these students are capable of further vocational training or are poor risks for further occupational training, and to train students for basal skill occupations. The materials included in this unit on geriatrics have been developed for use by teachers of handicapped students. The unit contains 14 miniunits that cover careers in geriatric services; interpersonal relationships; preventing the spread of disease; a clean, safe environment; personal hygiene; nutrition; elimination for the geriatric client; exercise and locomotion; treatments and procedures; vital signs; first aid and cardiopulmonary resuscitation; social activities; improvised equipment; and the dying client. Each miniunit is composed of the following parts: unit goal; objectives; resources; tools and/or equipment; materials and/or supplies; information and/or procedures; and learning experiences. A glossary is included in the guide. (KC)

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GERIATRICS

EXEMPLARY PREVOCATIONAL PROGRAMS FOR THE HANDICAPPED IN MISSISSIPPI

GERIATRICS

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FOREWORD

Handicapped students are usually limited in their life experiences and need exploratory experiences to determine their innate vocational ability. The aim of this program is to provide exploratory experience and training for the handicapped student, to determine if the student is capable of further vocational training or is a poor risk for further occupational training, and to train the student for basal skill occupations.

The vocational preparation program is designed to help the students understand the nature of different kinds of work; to provide students with the qualifications and prerequisites necessary for entry into a field of employment; and to introduce the students to the work options available so that they can make sound decisions concerning their occupational abilities.

Specific Objectives of the Program

1. To provide activities to help identify the vocational potential of students.

2. To provide information and experiences to aid the student in becoming aware of occupational opportunities.

3. To develop fundamental skills which can be used when working with materials related to various occupations.

4. To develop safe work practices with tools, machines, and materials.

5. To develop eye-hand coordination.

6. To develop finger dexterity.

7. To develop spatial and color perception skills.

8. To provide an opportunity for students to experience true success in vocationally oriented activities.

9. To promote harmonious interactions with peers to achieve common goals.

10. To develop elementary problem-solving abilities.

Morris Murray
State Supervisor
Special Vocational Programs

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AN INTRODUCTION TO THE MATERIALS

The materials included in this unit on geriatrics have been developed for use by teachers of handicapped students. The miniunit activities are designed for use by vocational preparation teachers; however, a portion of each unit may be appropriate for other groups of students. Vocational preparation and special education teachers must correlate their teaching efforts for the students to receive maximum benefits.

When studying the information, some words will be uncommon, but related to the study of geriatrics. Such words and their meanings are contained in the GLOSSARY for easy reference.

Each miniunit is composed of the following parts:

Unit Goal: A statement of the purposes of the miniunit.

Objectives: Statements of specific purposes of each subunit which establishes minimum accomplishments expected.

Resource(s): A list of books or pamphlets which contain information pertinent to the tasks and activities involved in the miniunit.

Tools and/or Equipment: A listing of tools and/or equipment needed to accomplish the activities suggested in the miniunit.

Materials and/or Supplies: A listing of materials and/or supplies essential in the accomplishment of the suggested activities.

Information and/or Procedures: A compilation of information and procedures needed to accomplish the miniunit objectives.

Learning Experiences: A listing of suggestions which should be helpful to the vocational preparation teacher in planning and organizing the class experiences. These suggestions should be supplemented by activities stemming from the teacher's personal ingenuity and familiarity with local circumstances and student ability levels.

GLOSSARY

Geriatrics

1. Ace Bandage - An elastic, woven bandage that can be stretched and molded around a limb. It can be removed and rewound and used again with the same person.

2. Airway - A respiratory passage.

3. Anxiety - Apprehension and fear accompanied by restlessness and uncertainty.

4. Apnea - a temporary period of time when breathing is suspended.

5. Axilla - the armpit.

6. Bed Sores (decubitus ulcers) - Sores caused by pressure against the bed.

7. Body Mechanics - The coordinated use of muscles and related structures to produce motion and maintain equilibrium.

8. Caregiver - One who provides for the personal well-being of another.

9. Clinical Thermometer - Thermometer used to measure body temperature.

10. Contaminated - Items which contain germs.

11. Cradle, Bed - Support of wood or other material placed over some body part for protection and to relieve weight of bed clothes.

12. Decubitus Ulcer - A bedsore caused by pressure against the bed.

13. Denture - Artificial teeth, either upper or lower teeth.

14. Disoriented - Mentally confused.

15. Droplet - A minute drop of moisture expelled by sneezing or coughing, which may carry germs.

16. Expiration - Expelling air from the lungs.

17. Feces - Excretions of the bowels.

18. Fever - Above normal body temperature.

19. First Aid - Emergency treatment given before medical care can be obtained.

20. Genitalia - The sexual organs.

21. Geriatrics - Care of the elderly.

22. Groin - The depression between abdomen and thigh.

23. Home Health Agency - A nongovernmental agency that supplements the work of the health department. It is concerned with caring for the sick.

24. Ice Bag - A container for ice which may be applied to the body to reduce swelling and bleeding.

25. Infection - Invasion by pathogenic microorganisms of a bodily part in which conditions are favorable for growth, production of toxins, and subsequent injury to tissue.

26. Inspiration - Inhaling or breathing in.

27. Intake - Fluids taken into the client's body.

28. Isolation - A method or technique of caring for clients with communicable diseases.

29. Nutrition - The process of eating to utilize food in the body.

30. Output - Fluids eliminated from the client's body.

31. Posture - Position of the body when the person is standing, at rest, or in movement.

32. Pulse - The throb of blood vessels caused by contractions of the heart muscles as they force blood through the arteries.

33. Range of Motion - The physical limits of the movement of the joints.

34. Respiration - The act of breathing in and out.

35. Social Activities - Events which enhance the geriatric clients social skills while providing entertainment.

36. Spasm - A sudden muscular contraction.

37. Specimen - A sample, usually of urine or feces.

38. Sphygmomanometer - Usually called "the blood pressure apparatus," used to measure blood pressure. There are two types: mercury and aneroid.

39. Sterile - Aseptic; free from living microorganisms.

40. Sternum - The flat, narrow bone in the front of the chest.

41. Stethoscope - An instrument which is very sensitive to sound. Usually used to listen to the client's heart and lungs.

42. Supine - Lying on the back, face upward.

43. Symptom - One evidence of disease which aids in diagnosis.

44. Urinal - A vessel for receiving urine.

45. Urinary Catheter - A tube inserted into the bladder to drain urine.

46. Urinate - To discharge urine from the bladder.

47. Vital Signs - "Cardinal symptoms" or vital signs of life. They include body temperature, pulse, respiration, and blood pressure.

48. Void - To empty the contents of bladder or kidneys.

49. Wound - An injury to the body in which the skin is broken.

MINIUNIT I. CAREERS IN GERIATRIC SERVICES

GOAL: After completing this miniunit, the student will be able to determine career choices which are available in the community, describe some duties of each, and explain employer expectations in working with geriatric clients.

RESOURCES

Caldwell, Esther and Barbara Hegner. Geriatrics. Albany, N.Y.: Delmar Publishers, 1975.

Hopke, William E. Encyclopedia of Careers and Vocational Guidance. Vol. II, Careers and Occupations, Chicago: J. G. Ferguson Publishing Company, 1978.

TOOLS AND/OR EQUIPMENT

None

MATERIALS AND/OR SUPPLIES

1. Pencil
2. Paper

OBJECTIVES

1. Give the definition of the terms "geriatrics" and "aged."

2. List four of the agencies where an individual may be employed to work with the geriatric individual.

3. Describe the job of nursing attendant, home health aide, maintenance worker, sitter, dietary aide, maid, or general cleaner.

4. Name five qualities which an employer would expect from a worker.

INFORMATION AND/OR PROCEDURES

Geriatrics

Geriatrics is a word which means care of the elderly. It deals with old age. The term, "aged" means old and usually refers to persons over seventy-five. The basic needs of the elderly are the same as for any other age group: a sense of security, love and affection, adequate

income, food, and shelter. Their health needs are of utmost importance because most aged people have some chronic health problems. Caregivers can build confidence in the aged by showing warmth and affection in touching and holding; choosing activities which will help clients find satisfaction and contentment; treating clients with dignity and respect and as valued members of society; and attending to their physical needs. The most important part of caregiving is the warm, non-judgmental relationship which caregivers can establish with their clients. The geriatric client may be in a very dependent state and must be served by people who are not judgmental or abusive.

The aging process is a natural part of living and involves many mental and physical changes. Graying hair, wrinkled skin, and bowed shoulders are common aging signs. Other effects of the aging process are muscles and bones losing strength; blood vessels losing their elasticity; the heart, cough reflex, and lungs being weaker; brain cells decreasing; the digestive system and intestines not functioning as well; decreasing of vision, hearing, taste, smell, and the sense of touch; increase in the pain threshold; the body no longer maintaining normal temperature; loss of hair; nails becoming brittle; and noticeable memory loss. These changes in the body systems and loss of self-esteem and independence hinder some elderly persons in making a healthy adjustment to aging. The caregiver can help with this adjustment by making the client feel that someone really cares about them.

Places of Employment

Workers looking for a job should consider places of employment which will be of interest and which their training and abilities would qualify them to enter. Some agencies involved in caring for the aged include the following:

1. Hospitals. A variety of jobs are available in hospitals including caring for ill clients, food handling, dietary work, and janitorial work.

2. Nursing homes. Usually nursing homes have smaller facilities but the jobs and duties available are similar to those in a hospital. Some clients are ill or disabled; some are permanent residents of the home; and some are temporary convalescents.

3. Retirement homes. Retired people are responsible for their own care unless emergency or temporary care is needed. Jobs in a retirement home may include activities for leisure, social, and community involvement for residents who are able to participate.

4. Private households. Private homes are often considered the first step on the economic ladder. Personal services for the client, plus household tasks including cleaning, cooking, washing, and ironing are often required. This employment allows the worker to set the pace without having a supervisor approving every move.

5. Home health agencies. These agencies employ workers to fulfill a variety of personal services for the ill or disabled. Employment is through the agency, but the work is done at the client's home. Most agencies are located in larger cities.

Job Opportunities

There are a variety of jobs to choose from in the field of geriatrics. The choice can be made easier by asking these questions: Is it the kind of job I want? Would I like it? Do I have abilities the job demands? and Can I succeed in this job? The following are some job opportunities which are available in most communities:

1. Nursing attendant. These jobs are available in hospitals and nursing homes. The women are usually called nurse's aides and the men are usually called orderlies. Attendants deliver messages, move equipment, make stretcher deliveries, and perform a variety of tasks including bathing and dressing the client, making the bed, and any routine essentials for the comfort of the client. Attendants are under the supervision of the nurse and skills are learned on the job. No license is needed, but promotions are limited without educational training. The salary is minimum wage.

2. Dietary aide. Many temporary job openings are available in this area. The dietary aide fills the food tray with the proper items, checks the trays for accuracy and special diets, and for neatness and appetite appeal. The aide loads trays onto food carriers or serves trays in the dining room or client's room. Experience can be obtained in part-time jobs or in an apprenticeship program where wages are paid while learning. Promotions to specialty cook or general food handler can come with experience. Dietitions must have more educational training. Wages depend on the size and location of the agency. Higher wages are usually earned in large hospitals.

3. Maid and general cleaner. This job includes all cleaning tasks of the client's room and the building such as, washing and sterilizing beds, tables, and furniture with antiseptic water. Maids make beds; supply rooms with fresh linens, soap, plastic disposal pitchers, and cups; scrub bathrooms; wash windows; and mop. Some employers offer

a course in cleaning techniques including infection control, safety, and sanitary disposal of waste. Promotions depend on experience which can be obtained in part-time jobs. Wages vary according to duties involved. A maid can promote to the position of housekeeper who supervises other maids or cleaners. Salaries increase with an increase of duties and responsibilities.

4. Home health aide. This job provides assistance to family members during an illness or disability in the family. The home health aide often moves into the home and is responsible for the housekeeping duties as well as the client and other family members. With additional education, a home health aide can advance to practical nurse where the beginning salary will be far above minimum wage.

5. Sitter. Sitters are paid by the hour to monitor a client for signs of change. Sitters are required to care for the personal needs of the client.

6. Maintenance worker. Duties vary in maintenance from using a simple mop to power tools. Maintenance tends furnaces and cooling systems, does repairs, eliminates insects and rodents, removes refuse, and handles complaints. Workers should be able to do simple arithmetic, follow instructions, and have physical strength and manual dexterity. Advancement is possible with experience and training. This job may sometimes be noisy, dirty, or strenuous, but the variety of tasks rarely results in boredom for the worker.

Employer Expectations

Becoming a trained worker and learning the actual skills required for securing a job is not enough to assure success in a caregiving program. After locating a job, whether with a hospital, agency, or home, the employer will look for special qualities in the worker. The following are some qualities which an employer will expect from an employee:

1. Honesty. Every employer has a right to expect complete honesty from the employee. Handling personal belongings of the client is part of the caregivers task and it is important that the employer and the client have no doubt that personal belongings will be secure. Being honest in all actions will lead to job success.

2. Dependability. Employees must be counted on to fulfill all duties and responsibilities which are assigned and to do them to the very best of their ability. Employees must be responsible for being on time, giving a day's work for a day's pay, staying on the job,

taking proper time for breaks, following instructions, and completing the tasks.

3. Personal habits. Good grooming, cleanliness, a neat appearance, and good work habits are desirable traits of an employee. A smile is important to appearance and enjoying work. An employee's appearance is many times a deciding factor in getting and keeping a job. Employees must develop good health practices and personal habits which will keep their bodies strong and capable of handling the demands of elderly clients and satisfy the demands of an employer.

4. Initiative. Employees should use their own judgment in assuming responsibility, especially when the unexpected occurs. When assigned duties are completed, workers with initiative will find something else which needs attention. Being able to manage a variety of situations with efficiency is a characteristic which an employer will be aware of. This could be a deciding factor in promotions and future job opportunities.

5. Commitment to caregiving. The intimate contact which a caregiver has with older clients calls for dedication to the caregiving profession. Understanding the problems of the aged, a willingness to give support, and providing personal care with patience and concern for their well-being is necessary for success in the world of work with the aged.

LEARNING EXPERIENCES

1. Arrange for a field trip to a nursing home and/or a retirement home.

2. Have students interview an elderly person in their family or community.

3. Arrange for a nurse's aide to discuss job requirements in the classroom.

4. Keep a file of advertisements on agencies or homes where there is a geriatric program.

5. Obtain from the local home health agencies pamphlets on home nursing and health. Have students give reports on different pamphlets.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT I, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT II. INTERPERSONAL RELATIONSHIPS

GOAL: After completing this miniunit, the student will be able o maintain a courteous and professional manner towards clients, visitors, and coworkers; keep emotions under control while on the job; deal with clients in a sympathetic and tactful manner; show interest and concern about the client's welfare; answer the client's signal properly; and use communication skills effectively.

RESOURCES

Caldwell, Esther and Barbara Hegner. Geriatrics. Albany, N.Y.: Delmar Publishers, 1975.

Nursing Services. American Red Cross. Home Nursing. New York: Doubleday and Company, Inc., 1963.

TOOLS AND/OR EQUIPMENT

None

MATERIALS AND/OR SUPPLIES

1. Paper
2. Pencil
3. Call bell or signal

OBJECTIVES

1. List helpful personal qualities for a geriatric worker.

2. Discuss how to cooperate with fellow workers.

3. List reasons why a client could be worried.

4. Discuss individual relationships with clients and visitors.

5. Discuss the importance of answering the call signal.

6. List ways to show clients that the caregiver is interested in communication.

INFORMATION AND/OR PROCEDURES

Personal Qualities of the Caregiver

The worker must develop the habit of getting along with people, clients, visitors, and fellow workers. Feelings must be kept under control. Being courteous and sympathetic to others is as necessary to success as job skills. The key to getting along with people is being able to communicate well with them. Always try to relate well to people, even when they are unhappy, angry, or afraid. The effect of illness or a handicapping condition on the aged is determined many times by the feelings and attitudes of those around them. The caregiver must maintain a balance between being overprotective and being callous to suffering. Courtesy, emotional control, sympathy, and tact are helpful personal qualities that should be developed.

1. Courtesy. Courtesy means being polite, considerate, and cooperative with others. Never be critical or impolite in contacts with clients. Be cheerful, do not complain, and avoid judging others. Think about how it would feel to be in the client's shoes. Courtesy is important in relationships with fellow workers. Workers must show a willingness and eagerness to learn; be considerate and cooperative with fellow workers; accept jobs assigned without complaint; and follow advice of supervisors.

2. Emotional control. Sometimes a client, a coworker, or a visitor can cause frustration or anger. Refrain from making a rude or nasty remark. Remember that a client is probably worried about illness, family, or job. When unpleasant duties are assigned, keep a calm attitude and do the job well. Learn to take criticism and accept suggestions without being defensive.

3. Sympathy. A sick client's problems are all-important. Try to be understanding and a good listener, even when it is inconvenient to take the time. Clients and family often relieve their feelings of helplessness and hopelessness by taking it out on the caregiver. Remember that the client may be suffering emotionally as well as physically.

4. Tact. Tact means doing and saying the right things at the right time. Tell the client when improvement can be seen such as the client is moving more easily, standing straighter, moving arm or leg better, looking well, and eating better. These remarks help to lift a client's spirits. Listen when a client makes a complaint or brings up a problem.

The following are problem situations which can be solved by applying courtesy, emotional control, sympathy, and tact as guidelines:

1. Client cannot reach the call bell.

2. Client is irritable and unhappy.

3. Loud talking is outside the client's door.

4. Workers accidentally bump into each other.

5. The worker fails to follow instructions of a supervisor.

6. A worker gets on the elevator with several elderly people.

7. Visitors ask where the telephone is located.

8. The worker must interrupt the visit of a friend to give medication.

9. The client has soiled bed linen.

10. The worker is in a hurry and the client wants to talk.

Interaction with the Client, Visitors, and Coworkers

All clients react differently to pain, treatment, annoyances, and kindness. Their behavior reflects things that bother or worry them. They may be frightened, angry, or sad. Clients can worry about being away from home, the treatment, unusual surroundings, pain, job, money, and family problems. If clients become irritable, hostile, mean, or nasty, try to be attentive and responsive to their needs. Irritation might arise from resentment of being ill and the inability to care for their own needs. Many elderly people form habits and attitudes which may be annoying to other people. During an illness is not the time to make changes. Adjust the nursing care to suit the client's habits and attitudes. Practice the kind of special consideration that all clients need on an individual basis. Special considerations which caregivers should practice are talk only to the supervisor about a client's condition; discuss a client's medical condition with no other clients, and try to give clients confidence in the hospital, doctors, and nursing staff. Never criticize fellow staff members in front of a client. Conversation which an ill person does not need to hear should take place away from the persons hearing.

Visitors add to the client's good mental attitude and give the client a feeling of well-being and satisfaction knowing that family and friends are concerned. Agency regulations are written for the benefit of the client, and health care workers should know the rules of the agency. Visitors should be treated with kindness and patience. Pleasant comments about flowers or gifts brought by visitors may be helpful. If visitors upset the client or make the client tired, the supervisor should be notified. Any rules for visitors must be followed. The following rules usually apply to visitors: visitors are not allowed to take property away with them, to give nursing or medical care to a client, or to bring food or drink to the client unless permission has been given by the proper authority. The worker should be helpful in contacts with visitors by listening to suggestions or complaints, not getting involved in family affairs, and being prepared to give information such as telling visitors when family members are allowed to eat, where the snacks are located, where a telephone is located, and directing them to appropriate facilities.

Signal System

All clients need a way to signal when something is wanted. In the home a bell should be available for the client to use. It is important that the call system be with them in bed or chair. Clients in a hospital or nursing home have a signal cord or a call bell which flashes a light in the head nurse's station and over the client's door when the button is pressed. All clients must be shown how to use the signal. The caregiver should show the client how to feel around for the cord and practice using it until they feel comfortable using it. Answer the signal as soon as it flashes using the following procedure:

Go to the client at once, quietly and in a friendly way. Turn off the call signal, and identify the client by name.

Say, "Mr. Jones, what can I do for you?"

Do whatever the client asks, but be sure it is correct and safe for the client. If in doubt, ask the person in charge, then follow directions. Replace the signal cord where the client can reach it easily.

Be sure to follow up and inform the client of your action.

Communication

The caregiver provides most of the personal bedside assistance that a client must have in order to recover from an illness. This assistance should be given willingly and graciously. The caregiver and the client are both in close communication while the client needs personal care. Spoken words are not the only means of communication. Other ways to get the message across are hand gestures, facial expressions, and body movements. Body movements are ways of communicating through body language. Make body movements communicate energy, a sense of interest, and a willingness to help. Some positive ways to communicate with a client are to look at the client when speaking; speak clearly and distinctly; talk to the client, not just at the client; ask the client what he or she likes and listen to responses; use smile language; keep the voice pleasant, not too loud or too high-pitched; and be sensitive to times when the client does not want to talk.

The caregiver is in close communication with a client during the stay at home or in the hospital. Any action that involves touching the client's body gives a message. If the touch is firm, careful, and gentle, it tells something far different than if it is rough and jerky. Never whisper or mumble, even when the client seems to be asleep or cannot hear. Although some clients seem to be unconscious, they may be fully aware of what is happening around them. Speak and behave as if the client can hear every word and see every movement.

The following are some forms of body language along with the message which is being sent:

1. Smiling--friendly or happy.

2. Arms folded across chest--anger or disapproval.

3. Frowning--disapproval or negativity.

4. Shruging the shoulders--uninterest or uncaring.

5. Shying away from client--dislike or disapproving.

6. Wrinkling up the nose--distasteful or dislike.

7. Shaking or nodding the head--yes or no.

8. Putting finger to the lips--quiet.

9. Slouching into a chair--tired or laziness.

10. Standing straight and tall--energetic and pleasing.

LEARNING EXPERIENCES

1. Arrange a vist to a nursing home for the purpose of talking to clients.

2. Have students observe interpersonal relationships between clients and workers.

3. Role-play with students situations involving courtesy and tact with clients, coworkers, and visitors.

4. Set up a signal so that students can practice answering a client's call bell.

5. In a simulated situation have students practice showing a handicapped client how to use the call bell.

6. Act out body language movements and have students determine the messages being sent.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT II, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT III. PREVENTING THE SPREAD OF DISEASE

GOAL: After completion of this miniunit, the student should recognize and be able to demonstrate acceptable methods used to prevent the spread of disease.

RESOURCES

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date given.

Oklahoma. Oklahoma State Board of Vocational and Technical Education. Health Occupations Education--Health Services Careers. Stillwater: Curriculum and Instructional Materials Center, 1979.

TOOLS AND/OR EQUIPMENT

1. Sink with running water
2. Linen cart
3. Waste can
4. Clothes hamper
5. Sterile tray
6. Table

MATERIALS AND/OR SUPPLIES

1. Soap
2. Paper towels
3. Running water
4. Handbrush or orange stick
5. Forceps
6. Hemostat
7. Sterile package of supplies (basin, solution, gauze sponges, pads)
8. Sterile Gloves
9. Adhesive tape
10. Isolation gown
11. Surgical mask
12. Surgical cap
13. Small plastic bags
14. Pencil

OBJECTIVES

1. Describe factors that influence health and appearance.

2. Demonstrate proper handwashing techniques.

3. List reasons for medical asepsis.

4. Describe reverse isolation.

5. Demonstrate isolation techniques including use of gown, mask, and gloves.

INFORMATION AND/OR PROCEDURES

Personal Hygiene

As a worker in any health career, it is important to present an appearance that inspires confidence and a positive self-image. Certain standards should be observed. If a uniform is required, it should always be neat, well-fitting, clean, and free from wrinkles. White or neutral undergarments should be worn with a white uniform. Shoes should fit well and provide good support to prevent fatigue. Good personal hygiene is essential. Body odor must be controlled with a daily bath or shower, use of deodorant, good oral hygiene, and clean underwear. Nails should be kept short and clean, and if nail polish is worn, it should be clear or colorless. Hair should be kept clean, neat, and styled attractively. Long hair should be pinned up to keep it from falling on a patient, tray, or sterile field. Jewelry is usually not permitted, and excessive makeup should be avoided.

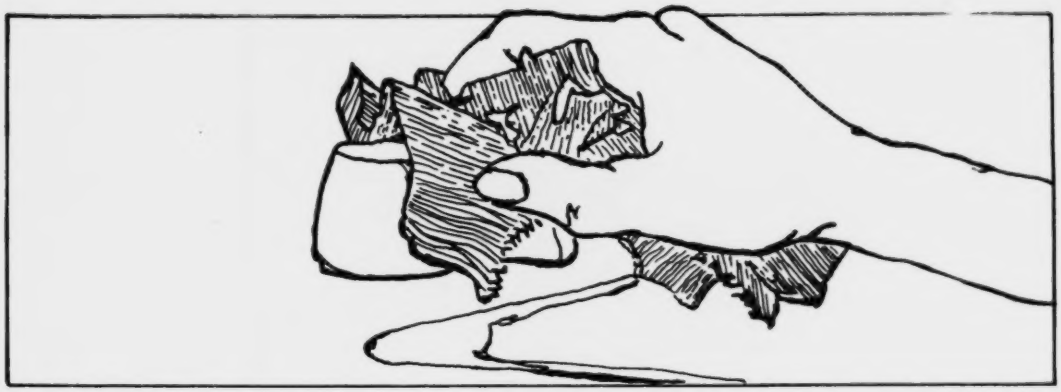
Asepsis is defined as the absence of microorganisms (germs) which produce disease. Medical asepsis or cleanliness refers to techniques which provide a clean environment, relatively free of disease-producing organisms. Proper handwashing is one way of practicing medical asepsis. Medical asepsis will provide a safe environment so that infectious diseases will not be transmitted from patient to patient by way of their geriatric health worker.

Sterile or surgical asepsis is the destruction and absence of all microorganisms. Sterile asepsis is accomplished by autoclaving, boiling, etc.

Handwashing

Handwashing is a basic task that is required in any health occupation and should be performed before and after every procedure. Handwashing is one way to practice asepsis to prevent the spread of germs. Whenever hands are washed, use soap, warm water, and friction. Use the following procedure as a checklist for proper handwashing:

1. Turn the faucet on with a paper towel held between the hand and the faucet; regulate the temperature of the water and let it flow over the hands.



2. Wet the hands with the fingertips pointing downward.

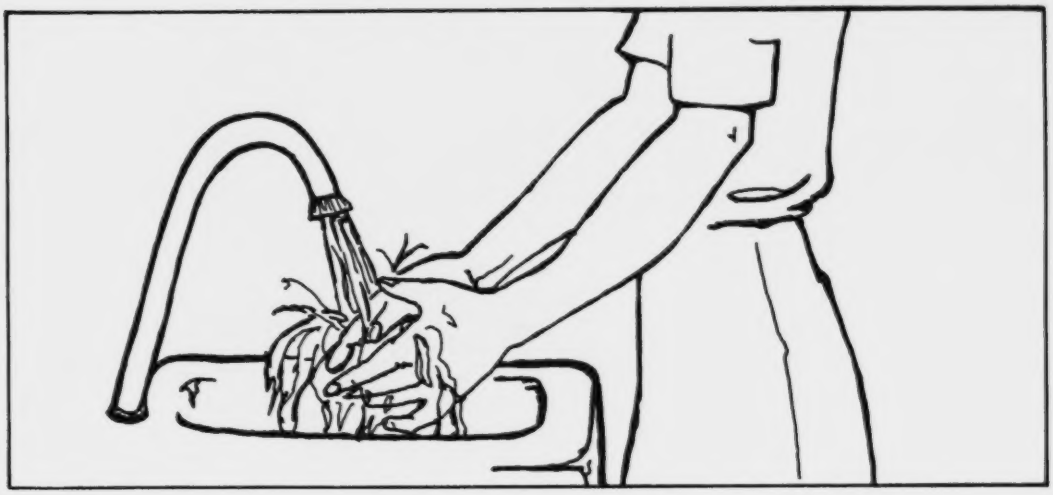
3. Use soap to get a lather on the hands; rub the palms together back and forth several times.

4. With the palm of one hand, rub the back of the other several times.

5. Interlace the fingers on both hands and rub them back and forth.

6. Clean the nails with an orange stick and/or hand brush.

7. Rinse the hands with the fingertips pointed downward.



8. Dry hands with a towel or air dryer.

9. Use a clean dry paper towel to turn off the faucet.

10. Discard all used towels in the waste can; leave the area neat and clean.

Isolation Techniques

Isolation is a method or technique of caring for clients with communicable diseases. A communicable disease is caused by germs which can be transmitted to others. Isolation will help prevent the spread of the disease to other people and protect the client, family, and health care providers. Disease is spread by direct contact with the client; contact with body secretions; or droplets from sneezing and coughing. Gowns, masks, gloves, and caps are used to prevent contact with germs. Two terms used to refer to germs on objects are contaminated and clean. Contaminated refers to items which contain germs, clean refers to items which are relatively free of germs. Every effort must be made to prevent contamination.

Reverse isolating is a means of preventing disease-producing microbes to be carried to the client. In reverse isolation or protective isolation, all objects, equipment, and supplies brought into the room should be sterile or as clean as possible. Caregivers should wear sterile gowns, masks, caps, and gloves. The room must be cleaned and disinfected before putting the client in the room and frequently while the client is occupying it. Use the following procedure as a checklist to make sure all necessary steps are taken for donning isolation garments:

1. Assemble equipment and supplies.

2. Wash hands properly.

3. Remove rings and place them in a pocket or pin them to the uniform.

4. Remove your watch and place it in a small plastic bag or center it on a clean paper towel. The watch will be taken into the room and placed on the bedside stand for taking vital signs. Since it cannot be sterilized, it must be kept clean.

5. Put on the isolation cap. Make sure that all of the hair is tucked into the cap.

6. Put on the mask. Secure it under the chin. Cover the mouth and nose. Tie it securely behind the head and neck: top ties first, then the bottom.

7. Tie bands on the mask are considered clean; the mask is contaminated.

8. If uniform sleeves are long, roll them up above the elbow before putting on the gown.

9. Lift the gown by placing hands inside the shoulders. The inside of the reusable gown and the ties at the neck are considered clean.

10. Work the arms into the sleeves of the gown by gentle twisting. Take care not to touch the face with the sleeves of the gown.

11. Place the hands inside the neck band, adjust until it is in position and tie.

12. Reach behind and fold the edges of the gown over so that the uniform is completely covered and tie the waist bands.

13. If gloves are to be worn, put them on. Make sure that the cuff of the glove comes over the top of the cuff of the gown leaving no open areas.

14. The isolation room can now be entered. Double check to be sure all equipment and supplies needed for the client are ready before entering the room.

When client care is complete, remove isolation garments while standing close to the inside of the door. Take care to avoid touching the room's contaminated articles. Use the following procedure as a checklist to make sure all necessary steps are taken for removing isolation garments:

1. Untie the waist ties, and loosen the gown at the waist. Waist ties are considered to be contaminated.

2. Remove the first glove by grasping the outside of the cuff with the opposite gloved hand. Pull the glove over the hand so that the glove is inside out. Remove the second glove by placing the bare hand inside the cuff. Pull the glove off so it is inside out. Place the disposable gloves in the trash container.

3. Turn on the water faucet with paper towels, wash and dry hands thoroughly, use a clean, dry paper towel to turn off the faucet. Germs travel rapidly through wet towels.

4. Untie the mask holding by the ties only, drop it into the waste container. All other parts of the mask are contaminated.

5. Slip the hand under the inside of the cap in the back. Pull off the head, drop in the waste can, wash hands.

6. Untie the neck ties. Loosen the gown at the shoulders, handling only the inside of the gown. Neck ties are considered clean.

7. Slip the fingers of one hand inside the opposite cuff. Do not touch the outside. Pull the sleeve down over the hand. The outside of the gown is contaminated.

8. Using the gown-covered hand, pull the sleeve down over the opposite hand.

9. Ease arms and hands out of the gown. Keep the gown in front of the body and keep hands away from the outside of the gown. Use as gentle a motion as possible. Excessive flapping of the gown will spread germs.

10. With the hands inside the gown at the soulders, bring the shoulders together and turn the gown so that it is inside out. Fold the gown in half and then roll it together. Place in the linen hamper. If it is disposable, place in the waste container. Avoid excess motion.

11. Wash hands thoroughly.

12. Touch only the inside of the plastic bag to remove the watch. Discard the bag. If the watch is on a paper towel, handle only the "clean" top portion. Discard the towel.

13. Open the door with a clean paper towel. Discard the towel before leaving the room. The inside of the door is contaminated.

14. After leaving the isolation room, wash your hands. This aids in preventing the spread of disease and protects the caregiver and other persons from the illness.

Before entering the isolation room, the following steps are necessary: assemble all equipment prior to entering the room; wash hands; put on the appropriate isolation garments as instructed; and tape paper to the outside of the isolation door to be used to record vital signs. Enter the room taking all equipment needed. Greet and identify the client. Give care as needed in a routine manner. Ask the client if he or she needs the urinal or bedpan. Check all safety and comfort points to make sure patient care is complete and to save the need for returning shortly after leaving. Remove isolation garments as previously instructed. Wash your hands. The following procedures are used when working in a hospital isolation unit:

1. To record vital signs. Take vital signs using the watch in the plastic bag or hold it with the bottom part of a paper towel. Use other equipment in the room as needed. Using a pencil, record the vital signs on the paper taped to the door. Do not touch the outside of the door at any time. The pencil remains in the room since it is contaminated.

2. To transfer food into the isolation unit. Transfer of food requires two people: one person must stay outside the unit and one inside. The person inside picks up the empty tray that is in the room and opens the door touching only the inside door; the transfer person on the outside hands in the cups, bowls, and plates of food. Transfer should occur with the two people handling the opposite sides of the dishes. In this manner, one person will not touch the other person. Glasses can be held near the top by the transfer person on outside. They are received on the bottom by the person in isolation.

3. To dispose of leftover food or waste. Liquids and soft foods can be flushed down the toilet. Hard foods should be placed in the plastic-lined trash container. Disposable utensils or dishes should be placed in the plastic-lined trash container. Metal utensils should be washed and kept in the isolation room to be used as needed. These utensils are contaminated.

4. To transfer soiled linen from the unit. All dirty linen should be folded, rolled, and placed in the linen bag. The person outside the room should cuff the top of a clean laundry bag and hold it on the outside of the cuff to avoid contamination. The person in isolation should seal the isolation bag and place it inside the outer bag being held by the outside person. No contact should occur between the two people. This is called "double bagging."

5. To transfer trash. Any trash in the isolation room should be placed in the plastic bags, air gently pushed out, and tied. Place this bag inside a cuffed bag held by a "clean" person outside the unit. The outer bag should be tied and burned. Direct contact between the two people should be avoided.

6. To transfer equipment. All equipment in the unit should be cleaned thoroughly, placed in a paper bag; labeled with contents and the word ISOLATION; and folded down twice at the top. Place this bag in a second cuffed bag being held by the outside person. Make no direct contact with the outside or clean bag. The outside person should turn down the top of the outside bag twice, tape it closed,

and label with ISOLATION and the contents. The double-bagged material is then sent to a designated area for sterilization.

LEARNING EXPERIENCES

1. Invite a registered nurse to the classroom to discuss the responsibilities of a nurse's aide in infection control.

2. Arrange for a trip to a local hospital to observe different types of isolation.

3. Locate newspaper articles related to diseases and treatments and bring to class for discussion.

4. Borrow a microscope from the biology lab and allow students to observe bacteria and microorganisms.

5. Obtain free copies of materials concerning personal health that are available from agencies such as American Red Cross, U.S. Department of Health, Education and Welfare, and the Communicable Disease Center.

6. Discuss ways of preventing the spread of colds.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT III, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT IV. A CLEAN, SAFE ENVIRONMENT FOR THE GERIATRIC CLIENT

GOAL: After completing this miniunit, the student should be able to perform daily cleaning tasks for the comfort and safety of the client including adjusting and making the bed and observing the environment for safety hazards.

RESOURCES

Huber, Helen, Audrie Spatz, and Carole Covilla. Homemaker Home Health Aide. New York: Delmar Publishers, 1980.

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

Nursing Services. American Red Cross. Home Nursing. New York: Doubleday & Company, Inc., 1963.

Virginia. College of Education, University of Virginia and State Department of Education. V-Tecs: A Catalog of Performance Objectives, Criterion-Referenced Measures and Performance Guides for Nursing Assistance Occupations. Blacksburg, Virginia: Division of Vocational Technical Education, 1976.

TOOLS AND/OR EQUIPMENT

1. Hospital bed
2. Bedside unit

MATERIALS AND/OR SUPPLIES

1. Mop
2. Dust mop
3. Broom
4. Vacuum cleaner
5. Dust cloth
6. Bowl brush
7. Cleanser
8. Bucket
9. Cloths for cleaning
10. Newspaper
11. Top sheet
12. Bottom sheet
13. Cotton drawsheet
14. Rubber sheet
15. Blanket
16. Bath blanket
17. Bedspread
18. Pillow case
19. Laundry bag
20. Trash can

OBJECTIVES

1. List cleaning tasks which should be done daily.

2. Describe the placement of furniture in geriatric person's room.

3. Adjust a hospital bed using controls on the bed to position a client.

4. Make an unoccupied bed.

5. Make an occupied bed.

INFORMATION AND/OR PROCEDURES

Cleaning Tasks

The nursing caregiver is expected to keep the client's home or hospital unit neat and clean. Certain tasks should be done every day. Pick up toys, magazines, newspapers, and clothing; make the beds or change linens when necessary; dust furniture, lamps, and knick knacks; wipe off windowsills and radiators with a damp cloth; vacuum carpets; sweep or mop floors; and empty ash trays and wastebaskets.

Arrangement of the Client's Room

Before beginning work, gather all supplies needed and take into the room. Observe anything out of place or not in working condition and report any equipment which needs repair. Adjust the cranks beneath the beds and fasten the cords within easy reach of the client. Place the bedside chair near the foot of the bed on the same side as the bedside table. Place the bedside table parallel to the bed or where it will be convenient to the client. Place drinking water on the table within easy reach of the client. Remove any food in table drawers or on shelves. Remove portable screens and equipment from the room when they are not in use and return to the proper place. Wrap soiled or broken objects before discarding into the trash can.

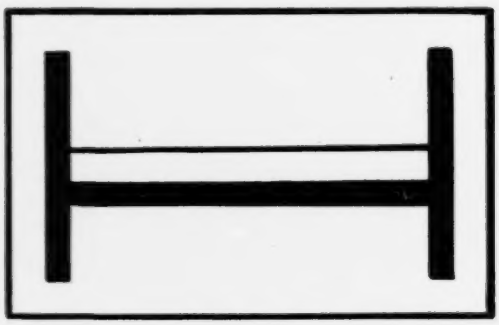
Floors are considered contaminated and anything dropped on them must be cleaned before being used. Mop the floor with antiseptic water when needed. Use the bathtub only for the client's tub bath. Do not place equipment in the tub. Scrub the bathtub and basin with cleanser and a cloth. Rinse the tub well with clear water after disinfecting. Scrub the toilet with toilet cleaner and a brush. Stack linen neatly; wipe the shelves with a damp cloth; and keep doors to the linen closet closed.

Clean cupboards, drawers, and work tables with antiseptic water and a cloth. Clean and dry all equipment and store in the proper place.

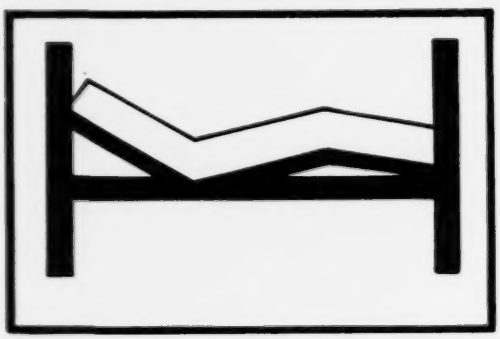
Adjusting the Bed

The advantage of using a hospital bed is that it is high enough to allow care without strain to the caregiver; it can be operated mechanically for support; and it has sides for safety and comfort of the client. If no hospital bed is available, equipment can be improvised by using bed blocks, a chair, and cushions. The following are positions which are most often required.

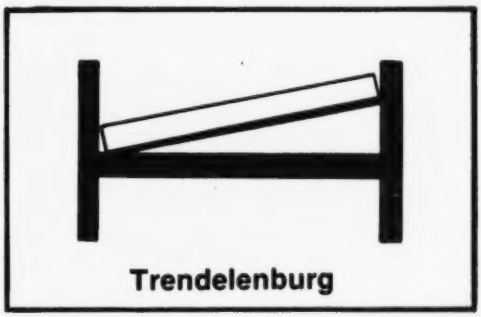
1. Flat. The bed is level with or without a pillow.



2. Fowlers. The backrest is raised 45° and the knee rest raised 15°. The position can be low, medium, or high as ordered by the doctor.



3. Trendelenburg. The mattress is flat, the foot of bed is higher than the head. Reverse trendelenburg is when the head is elevated and the foot is lower.

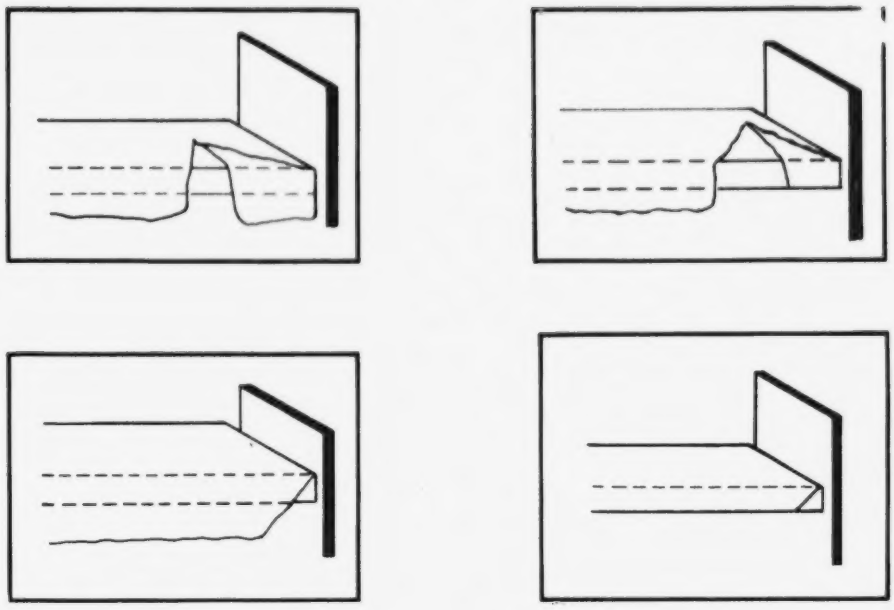


Making a Bed

The purpose of changing a client's bed linen is to provide safety, comfort, warmth, and a smooth, clean bed to lie on with freedom of movement for the client. Before making a bed, always wash hands; assemble fresh linens; place a laundry bag or newspapers on the chair to hold soiled linens; adjust the bed to a convenient level; and remove soiled linens holding them away from the face and clothing to avoid contact.

1. To make an unoccupied bed. Center the mattress pad on the mattress. Center the bottom sheet on the bed with the smooth side to the client; the hem even with the foot of the mattress; and enough sheet to tuck under the head of the mattress. Tuck under smoothly.

   Make a mitered corner at the head of the bed by picking up the edge of the sheet so that it forms a triangle with the side edge of the sheet held perpendicular to the mattress, tuck the hanging part under the mattress; hold the sheet in place against the mattress; bring the triangle forward, and drop the triangle over the side of the bed. Tuck the sheet under the mattress along the side from head to foot.



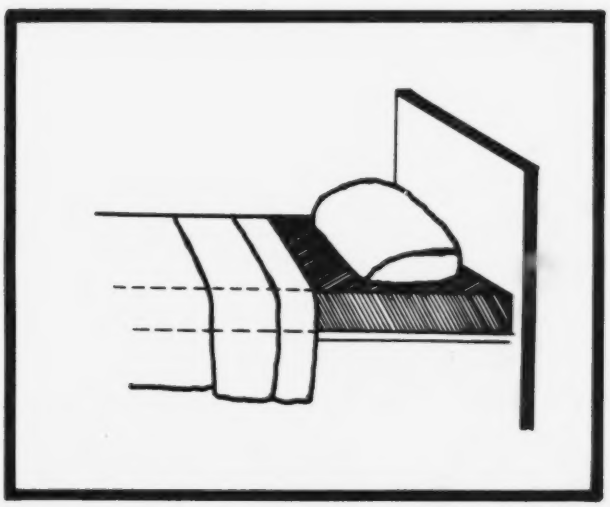
Place the center of the waterproof sheet at the center of the bed with the upper edge about sixteen inches from the head of the mattress. Place a cotton drawsheet or fold a regular sheet top to bottom and completely cover the waterproof sheet. Tuck both sheets under the mattress.

Center and unfold the top sheet, wrong side up, with the hem even with the top edge of the mattress. Center the blanket on top of the sheet with the upper edge six inches from the top edge of the mattress. Fold the top of the sheet down over the top of the blanket. Center the spread on the bed even with the top edge of the mattress. Tuck the top sheet and blanket and spread under the mattress at the foot of the bed. Miter the corner, allowing the sides to hang down.

Move to the other side of the bed to complete bedmaking. Fold linen to the center of the bed. Tuck the bottom sheet smoothly under head of the mattress, mitering the top corner. Tuck tightly under the mattress along the side. Grasp the edge of the rubber sheet, pulling it tight, and tuck under the mattress. Tuck the cotton drawsheet under the mattress in the same manner. Straighten the top sheet, blanket, and spread; move to the foot of the bed to tuck in, and miter the corner letting the sides hang down.

Put on the pillowcase by grasping the center of the end seam with one hand outside, and turn the case back over the hand. Grasp the pillow at the center of one end and pull, holding until the corners are fitted. Keep the pillow away from the face because it will be near the client's nose and mouth. Place the pillow at the head of the bed with the open end away from the door.

Arrange the bed for occupancy by fanfolding the top covers toward the foot of the bed.



2. To make an occupied bed. Inform the client of the procedure. Provide privacy and adjust the siderails, if necessary. Loosen the top covers at the foot of the bed. Place a bath blanket and top cover over the client. Have client hold the blanket or tuck it under the client's shoulders to keep it in place. Reach under the blanket to fanfold the top covers to the foot of the bed. Remove the spread and fold in half twice for ease of replacement. Remove the blanket and top sheet and fold in the same way.

   Assist the patient in turning to the opposite side of the bed, away from the side to be made first. Loosen linens on the side to be made, folding or rolling each piece separately, and as close to the patient as possible. Straighten the pad. Put the bottom sheet on the mattress, raw edge to the mattress, with the center fold at the center of the bed. Tuck it as close to the client as possible. Unfold the waterproof sheet, straighten it and pull it tightly.

Tuck it under the mattress. Unfold the drawsheet, leaving it folded in half from top to bottom. Place the center fold near the center of the bed. Tuck one side under the mattress and fanfold the other half of the drawsheet close to the client.

On signal, roll the client to the clean side of the bed. Adjust the bath blanket to keep the client covered and raise the siderails. Move to the other side of the bed. Remove soiled linen one piece at a time. Roll each piece separately and place in laundry bag. Tuck in clean linen separately and snugly.

Move the client to the center of the bed. Unfold the top sheet over the bath blanket. Remove the bath blanket, fold, and put away. Place the blanket and spread over the client. Adjust the siderails if necessary. Tuck the linens in at the foot of the bed, making mitered corners. Loosen the bed covers over the client's feet by grasping the covers over the toes and pulling them up gently. Position the client's call bell within reach.

LEARNING EXPERIENCES

1. Locate and list safety hazards in the classroom and at home. Discuss ways they can be made safe.

2. Have students draw a floor plan to show the most satisfactory arrangement of furniture for a sick room.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT IV, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT V. PERSONAL HYGIENE FOR THE GERIATRIC CLIENT

GOAL: After completing this miniunit, the student will be able to assist the client with a bath in dress up and undressing, and with oral hygiene.

RESOURCES

Huber, Helen, Audrie Spatz, and Carole Covilla. Homemaker Home Health Aide. New York: Delmar Publishers, 1980.

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

TOOLS AND/OR EQUIPMENT

1. Hospital bed
2. Bathtub
3. Shower

MATERIALS AND/OR SUPPLIES

1. Bath basin
2. Soap and soap dish
3. Bath cloth
4. Bath towel
5. Gown and pajamas
6. Body lotion
7. Bath powder
8. Bed linens
9. Shower cap
10. Skid-proof mat

OBJECTIVES

1. Demonstrate bathing a geriatric client's face, hands, and feet.

2. Dress and undress a geriatric client using a pajama top and socks.

3. Demonstrate proper oral hygiene techniques.

INFORMATION AND/OR PROCEDURES

Bathing the Client

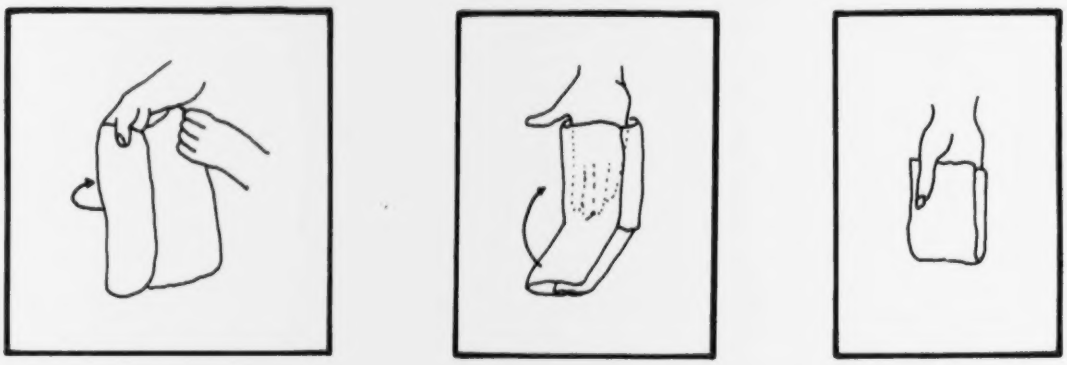
Elderly people usually cannot enjoy the luxury of a bath everyday. Their circulation has slowed and skin irritations caused by excess soap and water will not easily heal. Lotions and powders to treat skin irritations should be used according to guidelines established by the super-

visor. The temperature of the water should be comfortable to the inner aspect of the wrist (105°).

Areas of the body which usually rquire daily care are the face, underarms, and genitialia. Washing these areas locally is sufficient. The body should be dried by patting with a dry, clean towel. Always be careful not to injure moles and other skin growths.

If the client is unable to take a tub or shower bath, the supervisor will order a bed bath. When administering a bed bath, leave only a bath sheet covering the client. Assist the client in removing clothing, allowing the bath sheet to continue covering the client. Place a basin of warm water on a table near the bed. Fold a bath cloth like a mitt around one hand to keep water from dripping. Wet the bath cloth in the basin of water; apply soap; and begin bathing the client. Wash and rinse the client's face first. Continue, then to bathe and rinse the client's body, working down from the face to the arms to the hands to the chest to the abdomen to the back to the genitalia, and finally to the feet. Gently assist the client in moving to various positions so that all areas of the body can be bathed and rinsed. When the bath is complete, pat dry with a clean, dry towel. Apply any prescribed lotions. Powder is discouraged for older people.

Method Used to Prohibit Dripping.



Tub or shower baths are most desirable for the geriatric client and will be scheduled by the supervisor when the type of bath is possible. Before starting the bath, gather the needed supplies. Fill the tub one-third full with warm water if the client is to take a tub bath. For a shower

bath, assist the client to the bathroom before starting water. Be sure there is a skid proof mat in the tub.

Provide the necessary assistance for the client to undress.

The client should sit on the edge of the tub and hold to the safety bar to enter the tub. Provide the necessary assistance for the client to lift the legs and turn to put them into the tub. Place a bath stool or chair in the tub, if it is needed. A shower head with a flexible extended line is excellent for use by older people.

Give the client soap and a bath cloth. Assist the client in washing the areas of the body where assistance is needed.

To leave the tub, the client should sit on the edge and lift the legs over in the same manner that he/she entered. After the bath, clean the fingernails and toe nails. When they need trimming, report it to the appropriate person. The hair should be brushed and styled according to the client's preference.

Assist the client in standing to prevent falling. Be sure all areas of the body are properly dried with a clean towel. Note any skin irritations. Apply only specified lotions.

Dressing the Client

Dressing and undressing is a daily activity which can be extremely taxing on an elderly person without the assistance of someone trained to assist with this duty. Always remember how difficult this activity is for the client. Attempt to remove as much anxiety as possible by being friendly, pleasant and never show signs of being in a hurry. Garments which open well down the front or back make it easier for the client to dress.

If the client is able, allow to sit on the bed and dangle feet. If too weak to sit, have the client lie on his/her back. Keep covered with a sheet to avoid exposure.

Begin dressing the client by placing one leg at a time in the underpants, pajamas, or trousers. A weak or injured leg should always be placed in the garment first and followed with the stronger leg.

If the client is able, allow to stand. If not, have the client press the hands against the bed to lift the body enough for the pajamas to be pulled to the waist.

When putting on a pajama top or shirt, place the arms into the garment one at a time. A weak or injured arm should be put into the garment first. If the garment goes over the head, place the head into the garment and gently pull it down to the waist.

Socks should be folded down to toe end. The client's toes should be placed into the sock and the sock should be gently pulled over the foot and ankle.

Be careful not to leave wrinkles in any of the clothing since wrinkles tend to irritate the skin.

Reverse the procedure to undress the client.

Assisting with Oral Hygiene

Oral hygiene requires special care for everyone to guard against injury, but extra precaution is necessary of an elderly person. The teeth and gums are easily bruised or cut and usually heal slowly.

Obtain the following supplies before beginning oral hygiene: toothbrush, toothpaste, a glass of fresh water, a small basin, and a damp cloth.

If the client is unable to go to the bathroom allow him/her to sit on the bed and dangle the feet. If the client is unable to sit up, place a clean towel under the head, turn the head to one side, and place a shallow basin under the client's face and mouth.

Apply toothpaste to the wet toothbrush. Allow the client to perform as much of the actual brushing of the teeth as possible. Be sure the teeth, gums, and tongue are all brushed well. Remember to always be gentle. After brushing, the client should use the water in the glass to thoroughly rinse the mouth. If the client is not able to rinse the mouth, lemon and glycerol swabs should be used 3 times a day to clean the tongue, roof of mouth, cheeks, and teeth.

Dry the mouth and face of the client with a clean towel. Assist the client to a comfortable position before leaving.

Dentures should be cleaned by brushing with brush and denture cleaner under running water. Place dentures in cool water in a denture cup after brushing and rinsing. Inspect the client's mouth and gums for blisters, redness, and irritation. Assist the client in replacing the dentures in the mouth. Dry the mouth and face with a clean, dry towel.

LEARNING EXPERIENCES

1. Have students observe an older relative or friend cleaning dentures.

2. Have students look for the many different brands and types of toothpastes and denture cleaners at the grocery.

3. Stimulate group discussions on how it would feel to be an invalid and require bed baths.

4. Have students simulate a handicapping condition for one day and report reactions to the handicap during performance of daily tasks.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT V, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT VI. NUTRITION FOR THE GERIATRIC CLIENT

GOAL: After completion of this miniunit, the student will be able to distribute drinking water, record intake, serve between meal nourishments, and prepare and feed client.

RESOURCES

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

Oklahoma. Oklahoma State Board of Vocational and Technical Education. Health Occupations Education--Health Services Careers. Stillwater Curriculum and Instructional Materials Center, 1979.

TOOLS AND/OR EQUIPMENT

1. Food tray
2. Styrofoam pitcher and cover
3. Scoop
4. Moving table

MATERIALS AND/OR SUPPLIES

1. Diet cards
2. Flex straws
3. Towels
4. Paper cups
5. Input and Output Record Sheet

OBJECTIVES

1. Prepare a client for mealtime.

2. Select, prepare, and serve a snack for a client.

3. Demonstrate feeding a paralyzed client.

4. Complete a record sheet for recording intake.

INFORMATION AND/OR PROCEDURES

Mealtime

Good nutrition is an important part of a client's treatment. It will be part of the responsibility of a health care person to make mealtimes as pleasant as possible.

The basis of all specially prescribed diets includes food from all four of the basic food groups: meat, fruit and vegetables, bread and cereal, and milk. In preparing and serving food to any sick person, certain practices should always be observed: season lightly; serve hot foods hot and cold foods cold; arrange food in small servings; make the tray attractive; observe the client's food preferences as often as possible; and offer food on a regular schedule.

Proper preparation for mealtime is important. If the client is ready to eat when the food arrives, mealtime will be more pleasant. Preparation before the mealtime includes the following:

1. Assist the client to the bathroom or offer the bedpan or urinal. Clear the room of any offensive odors by using a deodorizer or, opening a window.

2. Remove objects such as the emesis basin and bedpan from the client's view.

3. Allow the client to wash hands and face, if desired.

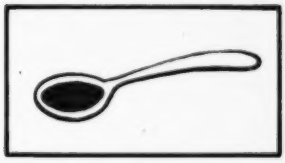
4. Position the client comfortably, in a sitting position, if possible.

5. Clear the overbed table and position it for the tray.

Allow clients to feed themselves whenever possible. If necessary, assist by cutting meat, opening milk cartons, buttering bread, etc. Make sure all food and utensils are conveniently placed. Before serving any patient, test the temperature of all hot foods. Provide a relaxed, unhurried atmosphere. Give the client sufficient time to chew the food. Observe how much the client eats. Encourage the client to eat. If the client does not like certain foods on the tray, see if a substitute can be provided. Record the intake if the client is on intake and output record.

Assisting with Feeding

Before feeding a paralyzed client, it is important to know that the client is able to swallow. Give very small amounts of water first and allow time for swallowing before food is offered. Make sure that the client is comfortable with the head on a pillow. Protect the bedding and provide a napkin. Sit beside the client and avoid hurrying. Test the temperature of hot foods to avoid burning the client. Fill the spoon about 2/3 full, wiping drops from the bottom. Touch the lower lip with the area between the tip and the side of the spoon. Tilt the spoon toward the tip allowing the liquid to run into the client's mouth. Allow time to swallow.



Spoon 2/3 Full. Wipe Bottom of Spoon on Bowl. Touch Lower Lip.

When a drinking tube is used, stir the liquid. Place one end of the tube in the client's mouth at the side keeping the end of the tube below the level of the liquid so that no air is swallowed. Support the head to help the client drink from a cup by placing an arm under the pillow. Let client guide the cup and control the flow of liquid by placing client's hand around the cup, if possible.

Extra nourishment in the form of food or drink is offered to clients during the day. This is a kind of "snack" given to clients to provide quick energy or to break the routine. Clients are often given extra nourishment as part of their medical care. The snack is usually a beverage such as milk, chocolate milk, or fruit juice. Or it may be a portion of food such as gelatin, custard, crackers, or a sandwich. Some clients may not be allowed to have snacks. Be careful to follow the doctor's orders when feeding clients.

Part of the job of a health care person will be to see that the clients being cared for have plenty of fresh water at the bedside, unless a doctor orders otherwise. Some clients are not allowed to have more than a certain amount of water. Some clients for brief periods may not have water at all.

Fresh water is passed to clients at regular intervals during the day. Most clients like ice water. Others want water without ice. If a client is not allowed to have ice, the water pitcher will be tagged OMIT ICE.

Recording Intake

A record of fluids a person takes in often assists the doctor in the care of a client. Intake refers to all fluids taken in by the client and an intake record is a means of recording the fluids during a certain period of time. Most intake records include the following routes and liquids:

1. Oral. Refers to intake by mouth and includes water, coffee, tea, milk, juices and other beverages. In addition, it usually includes soups, jello, ice cream, and other similar foods which are liquid at room temperature.

2. Intravenous or I.V. Refers to fluids given into a vein. Blood units, plasma, and other intravenous solutions are included.

Records must be accurate and all amounts must be measured in graduates. Care must be taken when adding or totaling the columns. Most records contain totals for both 8 hour and 24 hour periods. The Input-Output Record is used to record intake and output. If unavailable one may be improvised. Most Intake and Output Records are totaled and summarized every 8 hours.

Fluids for intake records are usually measured by the metric system. Approximate equivalents for the metric system are:

Metric	Household
1cc or 1mL	15 drops (gtts)
4mL or cc	1 teaspoon (tsp)
15 mL or cc	1 tablespoon (tbsp)
30 mL or cc	1 ounce
240 mL or cc	1 cup (8 ounces)
500 mL or cc	1 pint (16 ounces)
1000 mL or cc	1 quart (32 ounces)

LEARNING EXPERIENCES

1. Visit a nursing home to observe the feeding of clients.

2. Invite the Home Economics instructor to speak to the class about appetizing ways to serve food to geriatric clients.

3. Arrange for a dietician to discuss regulations for handling food and utencils in a nursing home or hospital.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT VI, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT VII. ELIMINATION FOR THE GERIATRIC CLIENT

GOAL: After completing this miniunit, the student will be able to assist a client with elimination including use of bathroom, bedpan, and urinal. The student will also be able to collect, measure, report, and label the output.

RESOURCES

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

Virginia. College of Education, University of Virginia and State Department of Education. V-Tecs: A Catalog of Performance Objectives, Criterian-Referenced Measures and Performance Guides for Nursing Assistance Occupations. Blacksburg, Virginia: Division of Vocational Technical Education, 1976.

TOOLS AND/OR EQUIPMENT

1. Bedpan
2. Urinal
3. Bathroom, sink, or basin

MATERIALS AND/OR SUPPLIES

1. Intake-Output Record
2. Tongue depressor
3. Pencil
4. Paper
5. Label for bottles
6. Soap and water
7. Cloth
8. Graduated container
9. Specimen bottle
10. Large container for 24-hour measurement

OBJECTIVES

1. Describe the procedure for assisting a client to the bathroom.

2. Describe the procedure for assisting a client in the use of a bedpan or urinal.

3. Measure and report the output of a client using sample situations.

4. Describe the procedure for collecting a urine speciman and a stool specimen.

INFORMATION AND/OR PROCEDURES

Assisting the Client with Elimination

One of the more important lessons to be mastered is that of dealing with the elimination of body wastes. Elimination is very important to those in good health, and it is especially important when one is sick. Relaxation and freedom from worry or from embarrassment are factors to be considered when assisting a client with elimination.

When assisting with elimination, a client must be provided privacy and strict adherence to rules regarding safety of the client must be observed. Before any procedure, assemble the supplies needed, identify the client by name, explain the procedure, and wash hands before and after the procedure.

To assist the client to the bathroom, obtain the client's robe and slippers. Lower the bed to a convenient level and position the client on the side of the bed. Help the client with the robe and slippers if needed. Help the client to stand and walk to the bathroom and position on the toilet. Stay within hearing distance of the client or provide a call system. Assist the client with perineal cleansing if necessary. Allow the client to wash the hands. Help the client back to bed and into a comfortable position.

If the client is to remain in bed, the caregiver will need to provide a bedpan or a urinal. When assisting a client in using a bedpan or urinal, the following criteria must be met: The equipment should be placed on a protected area for cleanliness and must be administered in a manner to avoid embarrassment, soiling of bed linens, or client's clothing. The client must be positioned on the bedpan so that the body is aligned and supported to prevent injury. The equipment must be cleaned promptly and kept out of sight when not in use.

1. Bed pan. Warm the bedpan with warm water and dry. Place a protective cover under the client to protect bed linens. There are two methods of positioning the bedpan:

    a. For the client who can assist, triangle the top covers back and ask the client to flex his knees and press against the bed with his feet. With the hand nearest the feet, position the bed pan.

    b. For the helpless client, roll the client away from you, place the bedpan firmly against the buttocks. Then roll the client over on the bedpan.

Return the client to a supine position and adjust the bedpan. Raise the head of the bed if allowed. Place toilet tissue and the signal cord within easy reach. When client has finished, remove the bedpan, clean anal and genital area if necessary, putting the tissue in the pan. Cover the bedpan and take it to the bathroom. Allow the client to wash hands. Make the client comfortable. Check the appearance of excreta and record. Empty contents into the toilet and flush.

2. Urinal. Position the client in a comfortable position. Offer or place the urinal. When the client is finished, remove the urinal and allow the client to wash hands. Check the appearance of urine and report the findings. Empty the urinal, rinse with cold water, and return to storage.

Records of Output

An output record is a means of recording all fluids a person eliminates and output refers to all fluids eliminated by the client. These would include a bowel movement (B.M.), liquid bowel movements are usually noted in the "remarks" column or described under "feces" i.e. mesis--anything that is vomited is usually noted under "remarks"; urine--all urine voided or drained via a catheter is measured.

Records must be accurate and amounts must be measured in graduates. The caregiver must not trust memory to provide the doctor with an accurate report. A record is necessary to avoid confusion and mistakes in carrying out the doctor's orders and to safeguard both the client and the caregiver. The Input-Output Record is used to record the output or if unavailable, one may be improvised. Simply list at the top of a sheet of paper the desired information and draw columns on the paper to record the appropriate information under the correct heading.

Measurement of urine is started at a definite time, usually the first time the client voids in the morning and is recorded for each 24-hour period. Collect output in a bedpan or urinal appropriate to the client's condition and sex. Empty contents of the pan into a measuring container and measure output in cc's or ounces each time the urine is collected. Observe the output and record the amount on the record. Dispose of the output into the toilet and flush. Rinse receptacles in cold water, then wash with hot soapy water.

Collection of Specimens

A specimen is simply a sample and it may be the duty of the caregiver to collect urine or stool specimens. When a specimen is requested the time to collect it will be stated. The specimen should be labeled with the date, the client's name, and room number or address. The client must understand that the urine specimen must be kept separate from a bowel movement. Before collecting a specimen make sure that all receptacles and the client's genetalia are clean.

1. Urine specimen. Have the client urinate into the bedpan or urinal. Offer the client equipment for washing hands. Take the bedpan to the bathroom to measure the output. Pour about 1-2 ounces of urine into the specimen bottle. Put the cap on the bottle and label it immediately. Pour the rest of the urine in the toilet and flush. Clean the equipment and store. Report that urine specimen has been obtained and follow instructions for sending it to the laboratory.

2. Stool specimen. Request a specimen from the client. Transfer about one teaspoon of feces from the bedpan to the specimen container using a tongue depressor. Make sure this procedure is done out of sight of the client. Dispose of the tongue depressor and label the specimen container. Clean the equipment. Report that a specimen was obtained and send it to the laboratory promptly.

LEARNING EXPERIENCES

1. Allow students to practice reading various fluid levels in graduated containers in metric and houshold measurement of liquid.

2. Allow students to practice labeling specimen containers.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT VII, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT VIII. EXERCISE AND LOCOMOTION FOR THE GERIATRIC CLIENT

GOAL: After completion of this miniunit the student will be able to exercise good body mechanics and safety procedures in assisting clients with movement, range of motion, and ambulation.

RESOURCES

Jones, Wanda M. Vocational Preparation Curriculum: Health Services--Body Mechanics. Columbia Missouri: Instructional Materials Laboratory, n.d.

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

Nursing Services. American Red Cross. Home Nursing. New York: Doubleday & Company, Inc., 1963.

Virginia. College of Education, University of Virginia and State Department of Education. V-Tecs: A Catalog of Performance Objectives, Criterion-Referenced Measures and Performance Guides for Nursing Assistance Occupations. Blacksburg, Virginia: Division of Vocational Technical Education, 1976.

TOOLS AND/OR EQUIPMENT

1. Bed
2. Wheelchair
3. Walker
4. Cane
5. Crutch

MATERIALS AND/OR SUPPLIES

1. Sheet
2. Drawsheet
3. Cloth strips
4. Belt
5. 2 ft. x 4 ft. board
6. Posey belt
7. Posey vest
8. Mitts
9. Safety belt
10. Pillows

OBJECTIVES

1. List rules of good body mechanics.

2. Move a helpless client up in the bed.

3. Turn a helpless client in bed.

4. Demonstrate safety procedures for moving clients.

5. Assist a client in range-of-motion exercises.

6. Assist a client to turn, cough, and deep breathe.

7. Apply simple restraints for the safety of a client.

8. Role-play with classmates in assisting a client with standing, walking, and using a walker, crutch, cane, and wheelchair.

INFORMATION AND/OR PROCEDURES

Body Mechanics

Body mechanics is good posture which makes the best use of strength and helps to avoid injury and fatigue. Practices which help develop good body mechanics when lifting are use both hands; get close to whatever is being lifted or moved; keep weight equal on both feet; keep knees slightly bent and feet apart for support and balance; squat or kneel rather than bend over; keep the back straight; and lift with the leg muscles. Maintain natural spinal curves by tightening the stomach and buttocks muscles. Ask for help if the load is too heavy. Lift smoothly to avoid strain. Always say "ready" and "lift" when working with a helper.

Maintain good posture for the client by providing support for the back keeping the normal curves of the spine. The head should be in line with the trunk, knees slightly flexed, and arms, legs, and joints supported to prevent straining.

1. For a client lying on the back. Place a pillow reaching to the shoulders under the client's head. Place a vertical foot support so that the client can brace feet upright against it. The support should extend two inches above the toes. When three pillows are used under the head, place a small pillow at the lower back, if necessary, and a pad or folded towel under the knees.

2. For a client lying on the side. Place one pillow under the head, and a folded or rolled towel under the stomach. Flex the hip and knee of the top leg so that it does not rest on the lower one and place a pillow to support the leg, knee, and foot. Place a pillow on the

level with the shoulder to provide support of the upper hand and arm so that there will be no strain on the shoulder joint.

Safety Guidelines for Moving the Client

The client must always be moved in a safe manner consistent with the condition, and good body mechanics must be observed. Proceed slowly and cautiously so that the client is moved without undue discomfort or injury. Before any procedure, wash hands, identify the client by name, and explain the procedure even if the client seems to be asleep. After the procedure is completed, make sure the client is comfortable and in good body alignment; all safety precautions are taken, and equipment is replaced. Side rails are used to prevent falling out of bed.

1. Moving a helpless client up in bed. Use a drawsheet whenever possible. Remove the pillow. A worker stands on each side of the bed. Have the client cross arms over the chest. Untuck the drawsheet and roll up the edges close to the client. Grasp the drawsheet with both hands and say aloud, "Ready, Lift," while sliding the client gently up to the head of the bed. Place the pillow under the client's head.

2. Turning a helpless client onto one side. Cross the client's arms over the chest. Cross the left leg over the right foot. Reach across the client and put one hand behind the client's left shoulder and the other hand behind the client's left hip. Gently roll the client toward you. Place a pillow behind the client's back only if the client does not remain as positioned. Also place a pillow between the legs and under the head.

Encourage movement to maintain range of motion and promote good muscle tone. The body position should be changed to promote circulation, prevent deformities, and for comfort and treatment.

1. Range of motion. A physical therapist gives exercises only on doctor's orders and exercises should not be attempted by an untrained person. If a client is able, have the client move joints as often as possible. Ask the client to rotate the neck; flex and rotate the shoulders; bend the elbow; rotate the wrist and fingers; bend the hip and knee joints; rotate the ankle; and flex the toes. The affected joints must be supported at all times and joints should move without causing pain.

2. Turn, cough, and deep breathe. Elevate the head as high as conditions will permit. Instruct the client to take a deep breath and

cough as forcibly as possible. Repeat five times. Change the client's position at least every two hours. Ask the client to turn or turn the client using good body mechanics and providing for safety and comfort.

Using Restraints

If the client is in danger of falling out of the bed or chair, a safety belt, strips of cloth, or a sheet stretched across and tied to the bed or chair will give protection. Restraints such as the Posey vest or belt fit around the mid section of the client, and are applied only on doctor's orders. Mitts are tied on the hands when there is danger of scratching or pulling off bandages. Restraints are sometimes resented by the elderly because of the loss of dignity and self-esteem when they are used. Caregivers should avoid the term "restraints" and use other words such as safety belt, safety mitts, etc., which give the client a feeling of comfort, protection, and security.

There must be written consent for the use of the safety belt or restraint. The restraint must not restrict circulation. It is important to release the restraints often and observe the client for impaired circulation.

Assisting the Client with Ambulation

A client who has been on bed rest or is in a weakened condition will need assistance to stand and walk and to use appliances such as a walker, crutch, cane, or wheelchair. Moving, sitting up, walking, and other physical activity improve the circulation. Better circulation increases healing and hastens general recovery from illness; improves mental alertness, sleep, and appetite; promotes normal bowel functioning; lessens muscle wasting and joint stiffness; and improves the client's morale.

Before proceeding with an activity, determine the kind of clothng the client will wear. If the client will walk, flat heel shoes will provide support and stability. Clothing should be easily adjustable or modified for special appliances.

When assisting the client, follow these instructions:

1. Place the bed in a low position or provide a footstool.

2. Elevate the head of the bed gradually.

3. Allow the client to reach a sitting position and "dangle" the legs.

4. Follow instructions for the selected activity.

5. Observe the client for change in color or pulse.

6. Return the client to bed, leaving the client comfortable and in good alignment.

7. Report observations or complaints of discomfort or pain.

In all activity, certain criteria must be met: The client must be adequately supported at all times; good body mechanics must be observed; the client must not slip or fall; appropriate equipment to maintain safety for the client and the caregiver must be used; and the client must be moved in a safe manner consistent with the client's condition.

Selected activities for assisting the client include the following:

1. Sitting up. Sitting is the first step to be mastered in getting out of bed. Help the client to flex the knees and face the head of the bed. With the outer leg forward, lock near arms by putting helper's arm under the client's arm with the helper's hand at the shoulder and the client's hand at the helper's shoulder, making a cradle under the client's head and shoulders. On signal, help the client to sit up using hands on the bed for support. Give assistance as needed. To lie down, reverse the procedure.

Lock Arms, Support Head and Shoulders.

2. Standing. Have the client in a sitting position. Grasp the client under the arm closest to the helper with one hand and place the other hand around the client's back using good body mechanics. Allow the client to come to a standing position, giving support with knees. Hold onto the client until balance is maintained.

3. Walking. Before attempting to walk, the client should practice getting up and down and standing until balance is maintained. Help the client to a standing position and walk slowly giving support from the back at the waist so that the normal walking position is not altered. A belt around the waist provides a good grip for the helper. If needed, walk arm in arm.

Belt Grasp

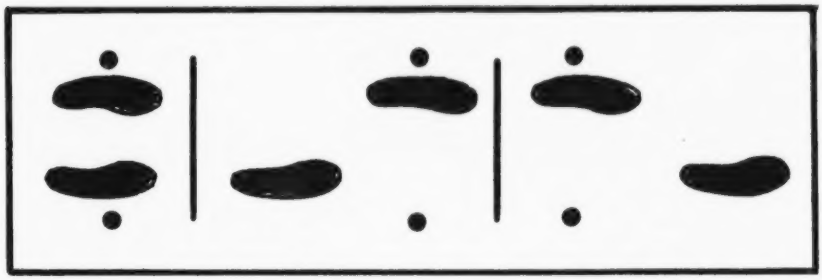
Arm in Arm

4. Using a walker. Walkers are not generally recommended except for someone with special disabilities. A client who uses a walker does not learn balance, and the gait developed is not a normal one. The client must be weaned from the walker to learn how to walk correctly. Position the walker with the open end toward the client. Steady the walker with hands and one foot. Allow the client to stand, using the rails of the walker for support, and walk slowly.

5. Using crutches. Before attempting to use crutches, exercises to strengthen the muscles, assure balance, and promote self confidence should be given. Crutches must be measured and adjusted for each client. The weight of the body must be supported by the client's hands and not on the shoulder pads of the crutches. Elbows should be slightly flexed. Place crutches under the arm of the client. Walk

behind the client holding onto the waist. The way a person walks on crutches is called a "crutch gait." For the two point gait, have the client move the left crutch and the right foot forward at the same time, then move the right crutch and the left foot forward at the same time.

Two Point Gait



Stand **First Step** **Second Step**

6. Using a cane. Steady the cane and allow the client to stand using the cane for support. Walk beside the client giving arm-in-arm support when needed.

7. Using a wheelchair. In assisting a client to and from a wheelchair, the following precautions must be taken: check the wheelchair for mechanical defects; position the wheelchair as close as possible to the bed and at a slight angle to face the client; set the brakes; and raise the footrests. Always use the method of transfer easiest for the client and use blankets or pillows to make the client comfortable.

Stand-Pivot Transfer

The stand-pivot transfer is used to move a client who can bear weight on one leg. This method also can be used to transfer a client from the bed to an easy chair, the toilet, or a car. Assist the client to a sitting position shifting the body so that the near hip is turned toward the wheelchair. Brace the helper's foot against the client's foot and the helper's knee against the client's knee to prevent the client's leg from buckling. With the helper's forearm under the client's armpit, have the client push with hands to rise off the bed and pivot (turn) to sit down in the chair. Have the client keep the upper body slightly forward during

the procedure to avoid floping backward into the chair. Place the feet on the footrest, release the brakes, and move the wheelchair away from the bed. Reverse the procedure to return the client to the bed.

Sliding Transfer

The sliding transfer is used when a client cannot put weight on the legs. Use a smooth board to form a bridge between the wheelchair and the bed. Assist the client to a sitting position. Slide one end of the board under the client's buttocks with the other end resting on the seat of the wheelchair. Have the client use both arms to push up and over to the wheelchair. Hold the wheelchair steady and help guide the client along the board. Place the feet on the footrests, release the brakes, and move the wheelchair away from the bed. Reverse the procedure to return the client to the bed. Have the client place his/her hand on the armrest of the wheelchair for support during transfer.

LEARNING EXPERIENCES

1. Discuss proper clothing for a client who will walk; one who will sit in a wheelchair; and one who will sit in bed.

2. Lead the class in exercises which would be suitable for older people.

3. Have students locate and demonstrate a quiet activity for a person in a wheelchair or bed.

4. Keep a file on activities suitable for aged people.

5. Demonstrate proper body mechanics for reaching and moving objects.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT VIII, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

UNIT IX. TREATMENTS AND PROCEDURES FOR GERIATRIC CLIENTS

GOAL: Upon completion of this miniunit, the student will demonstrate the safe performance in administering treatments which include heat and cold bandages, care of decubitus ulsers, testing of urine, and care of urinary catheters.

RESOURCES

Center for Environmental Physiology, Administration on Aging and the Older American: Volunteer Programs/Actions. "A Message for Older Adults: Cold Weather Spells Danger." Washington, D.C.: Center for Environmental Physiology, N.D.

Rambo, Beverly J. and Lucile A. Woods. Nursing Skills for Clinical Practice. Philadelphia: W. B. Saunders, 1982.

TOOLS AND EQUIPMENT

1. Tub
2. Chair

MATERIALS AND SUPPLIES

1. Ice bag
2. Ice
3. Towels
4. Washcloths
5. Ace bandage
6. Catheter case kit
7. Clinitest tablet
8. Ketastix
9. Watch with second hand
10. Sterile 4" X 4" dressings
11. TED stockings
12. Betadine
13. Sugar
14. Tape
15. Foley catheter with drainage bag
16. Acetest tablet
17. Pencil
18. Paper

OBJECTIVES

1. Apply cold locally to a portion of the person's body in a safe manner using an ice bag.

2. Apply heat locally to a portion of the person's body in a safe manner using an aquathermia pad or hot water bottle.

3. Describe the action to be taken to prevent burns.

4. Administer an effective and safe sitz bath.

5. Apply an ace bandage to an extremity in a smooth and safe manner.

6. Apply support hose in a safe manner.

7. Describe the action to take to prevent decubitus ulcers.

8. Demonstrate the care of a decubitus ulcer.

9. Describe the instructions to give one who is to have a urine test for sugar and acetone.

10. Demonstrate the testing of a urine specimen for sugar and acetone.

11. Describe care for a client who has an indwelling urinary catheter.

INFORMATION AND/OR PROCEDURES

Cold Application

Heat and cold treatments can be either dry, such as hot water bottles or ice caps, or moist, such as baths, soaks, and compresses. Moist applications have a more profound action because water is a good conductor of temperature.

Cold applications are used to prevent or reduce swelling, to stop bleeding, and to decrease suppuration. When cold is applied to the skin surface, it contracts muscles which in turn squeeze blood vessels to reduce blood supply further. Prolonged cold reduces sensation which decreases pain. If cold continues to interrupt circulation, it can lead to death of tissue as seen in severe frostbite.

When preparing for any treatment or procedure, always assemble all equipment needed; wash hands; identify the client; explain the procedure; and provide privacy if needed. When the treatment is completed, remove the supplies; discard the disposable items; wash, rinse, and dry reusable items and store in the proper place; record observations and procedures; and leave the client in a comfortable position. Wash hands before and after the procedure.

The ice bag may be made of plastic or rubber. Fill the bag three-quarters full with ice, press out the air, and close. Wipe the outer surface of the bag, check for leaks, and put the bag in a cover. Place the bag on the affected part of the body. Wrap a towel securely around the area and fasten the ends with tape. This will make certain it will stay in place. Check the client at frequent intervals to observe skin

for reddness, swelling, pain, or numbness. Remove the cold pack if any change is noted. Refill the bag as needed to carry out the physician's orders.

Heat Applications

The application of heat to the skin surface is important in treating certain infections and wound conditions. Heat causes dilation (enlargement) of blood vessels and so increases the supply of blood to the area. Heat stimulates metabolism and the growth of new cells and tissues. An increase in the blood supply to the skin causes a decrease in the blood supply to other parts of the body. Water is a good conductor of heat.

Heat is applied to skin surfaces to provide general comfort and to speed up the healing process. Heat will cause skin to appear pinkish or reddened. To prevent injuring a client, measure the temperature of the water if possible. If no thermometer is available, try it on the inner surface of the arm.

If in doubt, cool it down. Use a cloth cover for all hot (or cold) packs. Observe the condition of the skin frequently for blistering or signs of burns. Caution the client and family members not to increase the temperature of the appliance or hot water bottle. Avoid the use of safety pins since they may puncture the bag or short circuit an electric device.

When ready to begin the procedure, fill the bottle 1/2 full of water which has been determined to be the correct temperature, press out the air, and secure the top. Wipe off the excess moisture on the outside of the bag and put a cover on the bottle. Place it snugly on the affected part of the client's body. If there is a break in the skin, a sterile dressing should be applied before the bottle is put into place. Moisten the dressing with sterile water and cover it with a plastic wrapper.

Sitz Bath

The sitz bath is used to apply moist heat to the perineal or anal area, to promote healing, and to relieve pain and discomfort. The common bathtub, a special tub, or a plastic sitz bath kit may be used. Fill the tub one-third full of water with the temperature of water at 105° F. (40.5° C.). Place towel or folded sheet in the bottom of the tub. Place a bath blanket, clean towel, and gown on a chair by the tub. Help the client into the tub and allow the client to remain in the tub 20 or 30 minutes. Check frequently to keep the water warm throughout the

procedure. Help the client out of the tub and assist in drying if necessary. Drain the water. Help the client back to bed.

Ace Bandages and Support Hose

Ace bandages are made of woven material that can be stretched and molded around the part being bandaged. The bandage can be removed, rewound, and used again for the same client. Do not use it for a different client. The elastic stockings, like the elastic bandage, when pulled tightly causes compression. They may be used to provide support and aid in venaus blood return.

Position the client for maximum comfort and convenience in applying the bandage. Unroll the bandage and place it against the affected area. Make two initial circular turns to secure the bandage. Each circular turn goes directly over the preceding one moving up the extremity. Use as many circular turns as are needed to hold the dressing in place or to immobilize the area of the body. Secure the end of the bandage with tape, special metal clips, or safety pins. Check in 30 minutes and look for swelling, change in color, and sensations, such as numbness or pain. Continue to check the area for problems.

When applying the support hose, have the client lie on the bed, stomach up. Position the stocking well on the foot, leaving sufficient room on the toes. Pull the stocking to the knee making certain it is smooth and taut. Make sure the stockings fit smoothly and provide support. Check frequently to be sure there are no wrinkles and that the circulation to the toes is adequate.

Decubitus Ulcers

The skin is the body's first means of defense against germs. The skin regulates body temperature and works with the nervous system to be aware of touch, pressure, pain, heat, and cold. The skin of the aged person loses fatty conective tissue and water. It has fewer blood vessels and sweat glands, which cause a decrease in the ability to maintain body temperature. When the body gets little exercise, the skin is the first area to break down. The first sign of a breakdown is reddened skin. The weight of the body exerts pressure when it comes in contact with another object such as a bed.

Remaining in one position over a prolonged period of time causes body weight to exert pressure on the skin, blood vessels, and muscles. The skin over the bony prominences of the shoulder blades, hip, knee, elbow, heel, and sacrum are most often involved. Although a decubitus ulcer may

develop after only a few hours in an aged or poorly nourished person, healing may require weeks, months, or years.

Prevention of bed sores (decubitus ulcers) is a frequent task of geriatric health care personnel. Continuous observation of the skin for poor circulation to a pressure area is important. Note any reddened area, mottled dusky or blue appearance, or pressure sore (broken skin). Change the position every two hours. Rub around a reddened area. Do not rub reddened skin itself, because it is already damaged. Use a circular motion moving outward from red area to help dilate blood vessels and to increase oxygen to the area. Keep the client dry and clean at all times. Keep bedding free of wrinkles and crumbs of food. Protective devices may be used to reduce pressure on the skin. Alternating air pressure pads, egg carton mattresses, and synthetic decubitus pads are among the more common devices used. Provide appropriate exercise since it increases blood circulation.

Treatment of decubitus ulsers attempts to increase circulation, promote healing, and prevent infection. Supplies needed for the treatment of decubitus ulcers are a waste bag, 4" X 4" gauze pads, non-allergenic tape, hydrogen peroxide, betadine, and sugar (or other treatment as instructed). Remove soiled dressing and discard in the waste bag. Check the drainage for color, odor, and amount. Dampen a clean gauze with hydrogen peroxide. Do not allow the bottle to touch the gauze. With one straight stroke, wipe from the center of the wound outward. Drop contaminated pad into the open waste bag. Do not put your hand inside the waste bag. Be sure to use a clean, moistened pad for each stroke. Clean the entire area. Never move back and forth across the wound. The wound is considered cleaner than the surrounding skin. Cleaning away from the wound, therefore, is moving from clean to dirty. Clean the skin around the wound well with another gauze and hydrogen peroxide. Apply the betadine sugar paste or prescribed ointment to a 4" X 4" pad. Hold only the outer edges of the pad and place it over the wound. Apply tape as needed.

Urine Test for Sugar and Acetone

The diabetics use of carbohydrates is affected by the amount of insulin in their body. If there is not enough insulin to use the glucose in the body, the blood sugar will be high and sugar and acetone will be found in the urine. The urine which is tested should have been currently produced rather than that which has been accumulating for many hours.

When initiating the test ask the client to void. Discard the urine. Offer the client fluids and thirty minutes later ask the client to again void. Obtain a sample of that urine in a small receptacle.

1. To test by clinitest method. Add five drops of urine to the test tube. Add ten drops of water to the urine. Shake a clinitest tablet from the bottle into the lid, and then pour it into the test tube. Do not use discolored tablets and do not touch the tablets. Wait 15 seconds. Shake the tube gently and compare the color change with the color chart.

2. To test for acetone. Place the acetest tablet on a clean paper towel. Put one drop of urine on the acetest tablet. Wait 30 seconds. Compare the reaction with the color chart.

3. To test by dip method. Dip the strip, stick, or tape into the urine. Wait the specified amount of time. Compare the reaction with the color chart on the container. Both sugar and acetone readings are on each bottle.

Catheter Care

A urinary catheter is a tube inserted into the bladder to drain urine. Germs can easily enter the bladder while the catheter is in place. Cleaning around the urinary opening is essential. Before entering the client's room, gather the needed supplies which includes disposable gloves, antiseptic swabs, mild soap, a basin of warm water, a washcloth or gauze pads, a waste basket, and antiseptic or antibiotic ointment if prescribed.

Position the client on the back. Expose only a small area where the catheter enters the body. Put on the gloves to reduce spread of germs from the hands to the client. Using soap and warm water, take a cloth or gauze pad and wash the skin around surrounding catheter. Using antiseptic swabs or gauze pads, wipe the catheter tube. Make only one stroke with each swab or pad. Throw away the pad after one stroke. Start at the urinary opening and wipe away from it. Be careful not to dislodge the catheter. Clean the catheter up to the connection of the drainage bag hose. If ointment is prescribed, drop ointment onto a cotton-tipped applicator. Do not let ointment container touch the applicator tip because it would contaminate the tip. Apply the ointment where the catheter is inserted into the body.

Drainage bags should be emptied as they become filled, or at least every eight hours. To empty, hold a measuring pitcher or basin at the lower end of the drainage bag. Open the tube and release the collected urine.

If the client's fluids are being measured, be sure to record the amount collected. Close the tube tightly. If the tube from the catheter to the drainage bag appears clogged or dirty, report this to the charge nurse. Urinary drainage equipment can only be replaced by a qualified person. This is a sterile procedure and must be performed by trained personnel.

LEARNING EXPERIENCES

1. Have students prepare heat and cold packs following prescribed methods.

2. Assign partners to practice taking turns in applying an ace bandage to the wrist and/or ankle.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT IX, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT X. VITAL SIGNS FOR GERIATRIC CLIENTS

GOAL: After completion of this miniunit, the student will be able to measure and record the temperature, pulse, respiration, blood pressure, height, and weight in the aged client.

RESOURCES

Hime, Kirsten. Blood Pressure. LAP (Instructor's Packet). Sacremento, California: California State Department of Education, 1982.

Michigan. Michigan State University. College of Agriculture and Natural Resources Education Institute. Health Occupations Cluster. No place of publication or date listed.

Runge, Lillian. Temperature, Pulse, and Respiration. LAP (Instructor's Packet). Sacremento, California: California State Department of Education, 1982.

TOOLS AND/OR EQUIPMENT

1. Thermometer with holder
2. Watch with second hand
3. Stethescope
4. Aneroid sphymomanometer
5. Mercurial sphygmomanometer
6. Balance scale
7. Measuring tape

MATERIALS NEEDED

1. Paper
2. Pencil
3. Mouth wipes
4. Alcohol sponges

OBJECTIVES

1. Define vital signs.

2. List three methods of taking a client's temperature and list one reason for choosing each method.

3. Demonstrate the correct method of caring for the thermometer before and after it has been used.

4. Demonstrate the correct procedure for taking the oral and axilliary temperature.

5. List three characteristics of the pulse which should be recorded.

6. Demonstrate the correct procedure for taking a radial pulse.

7. Demonstrate the correct procedure for taking the respiration.

8. Demonstrate the correct procedure for taking the blood pressure.

9. Define diastolic and systolic pressure.

10. Identify and name the equipment needed to measure blood pressure.

11. Demonstrate the correct procedure for measuring and recording weight and height.

INFORMATION AND/OR PROCEDURES

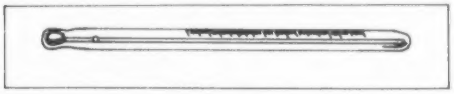
Definition of Vital Signs

Vital signs or "Cardinal symptoms" are the vital signs of life. They include body temperature, pulse, respiration and blood pressure. Caregivers depend on any changes in vital signs to accurately diagnose and care for their clients. Therefore, these signs must be recorded accurately.

Temperature

Temperature in the body is the result of heat produced by the oxidation of food and heat lost by respiration, perspiration, and excretion. Situations which would increase body temperature are digestion of food, muscular activity, a warm climate, infection, and illness. Conditions which can lower body temperature are sleep, depression, fasting, exposure to cold, illness, and decreased muscle activity.

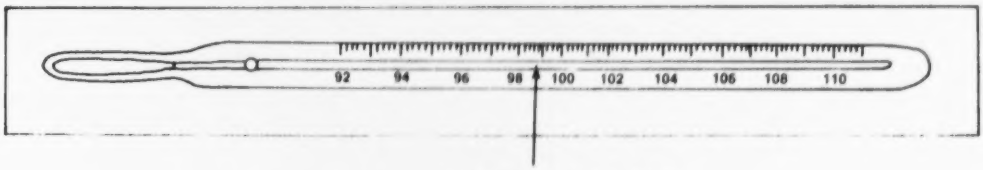
Clinical thermometers are used to take body temperature. Two parts to the thermometer are the stem and the bulb. Three types of bulbs are oral, security, and rectal. Oral thermometers usually have a long slim bulb, while rectal theremometers have a short stubby bulb.



Rectal

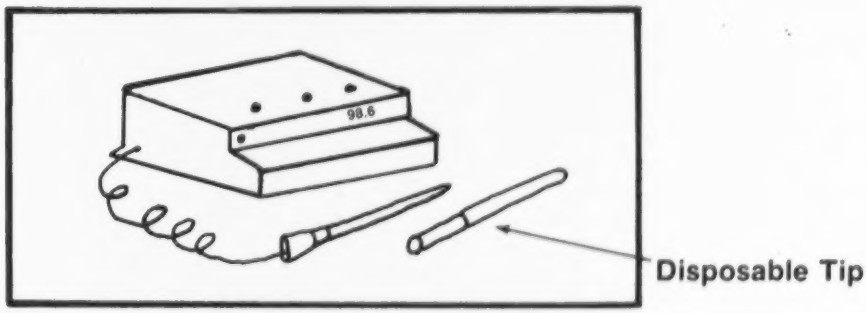
Clinical

The thermometer is calibrated in whole degrees of either Fahrenheit and/or Centigrade. Between each whole degree are four shorter lines which designate 2/10 of a degree. The thermometer must be read at eye level.



Average Normal 98.6° F

The electronic thermometer registers the temperature on a viewer in a few seconds. A single unit can serve many clients by changing the disposable tips.



Electronic Thermometer

Three methods for taking a temperature are oral, rectal, and axilliary:

1. To take an oral temperature. Make sure the person has not had any hot or cold liquids or been smoking within ten minutes. Identify the client. Tell the client what you are going to do. Wash your hands and remove the thermometer from the container. Holding the thermometer by the stem, rotate it so the mercury column can be seen. If it does not register 96° F. or 35° C., shake it down by standing away from the table and snapping the wrist while shaking the hand. Rinse the thermometer with cold water wiping from the bulb toward the stem. Have client open the mouth and insert the bulb end under client's tongue toward the side of the mouth. Have the client hold it gently with the lips closed (not with teeth) for at least three minutes. Remove the thermometer and wipe with tissue from stem toward bulb. Rotate to read the mercury column. Wash with soap

under cool running water and return to the proper container. Record the temperature on a pad. Average normal temperature is 98.6° F. or 37° C.

To take an electronic temperature. Assemble the monitoring kit. Place clean cover on the probe. Place the probe under the tongue to side of the client's mouth. Keep probe in "hot spot" during the entire time. Record the digital readout on a pad. Discard the used probe in the trash container.

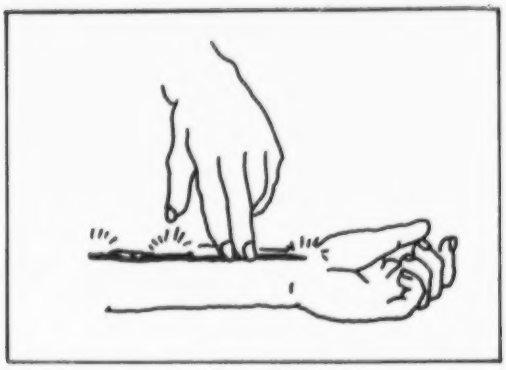
2. To take rectal temperature. Follow the basic steps of taking an oral temperature. Put a small amount of lubricant on a tissue or paper towel. Apply a small amount of lubricant to the bulb. Gently insert the bulb end of the thermometer into the client's rectum, about 1 - 1 1/2 inches while the client is lying on the side. Hold in place about five minutes. Remove, wipe with tissue, read, and then wash with soap and cool running water. Record placing an "R" beside the temperature to indicate that it was taken rectally. Rectal temperature is taken on a very ill client, irrational clients, children, or clients who may have had mouth surgery or are receiving oxygen. Average normal temperature is 99.6° F. or 37° C.

3. To take an axillary temperature. Follow all basic procedures for taking an oral temperature. Place the thermometer in the axilla; place the arm across the chest. Hold in the axillary area for ten minutes. Record placing an "A" or "AX" beside the temperature to indicate that it was taken by axillary. Average normal temperature is 97.6° F. or 36° C.

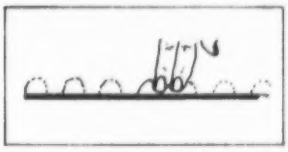
Taking the Pulse

The pulse is defined as the beat felt at an artery as the heart pumps blood. It is the pressure of the blood felt against the wall of an artery as the heart beats (or contracts) and rests (or relaxes). The pulse can be counted by placing the fingers on an artery that lies close to the surface of the body and over a bone. The most common place to take a pulse is at the radial artery in the wrist.

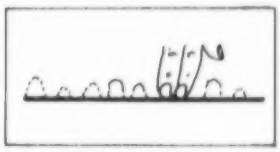
To take the pulse, tell the client what you are going to do. Wash hands and have the client in a comfortable position with the hand on a table thumb up. Locate the pulse with the tips of the first two fingers on the thumb side of the client's wrist. Exert a slight pressure when the pulse is felt. Count for one minute. Do not take the pulse with the thumb, because it has a beat of its own. The average normal pulse rate is 72-80 beats per minute. An unusually rapid heart beat, over 100 per minute is called tachycardia; an unusually slow beat, under 60 per



minute is called bradycardia; and an irregular heart beat is called arrhythmia. The following diagram shows the regular, irregular, and weak, thready pulse. Record the rate, the regularity, and the strength of the pulse.



Regular Pulse.



Irregular Pulse.

Weak, Thready Pulse.

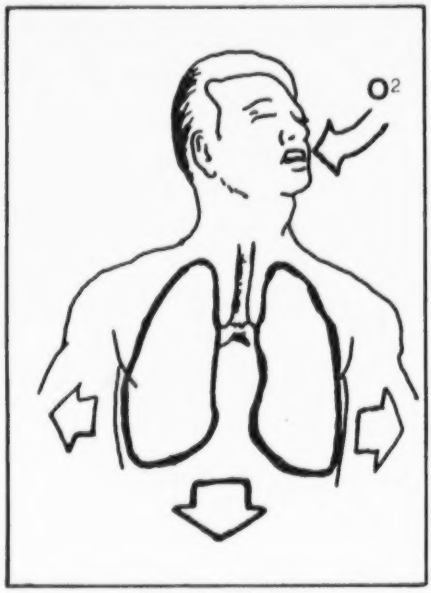
The apical pulse is taken with a stethoscope, which is placed over the apex of the heart, approximately at the level of the fifth rib. The apical pulse is heard, not felt. Locate the pulse and count for one minute when taking this reading. It is the most accurate pulse since the actual heart beat is heard.

Counting the Respiration

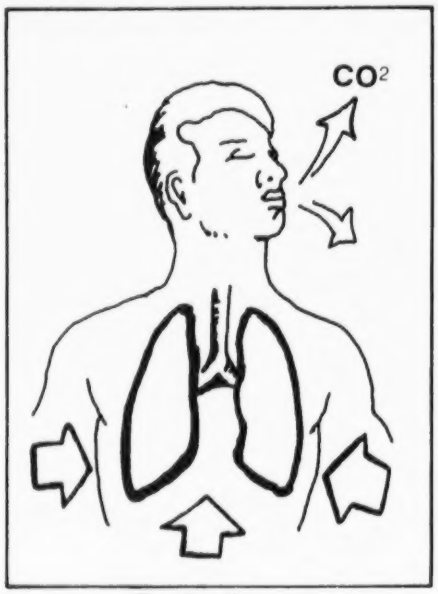
Respiration is the process by which the body takes oxygen into the lungs and eliminates carbon dioxide. It is an exchange of gases. The rate of respiration should be counted and its character noted without the patient's knowledge. Inspiration is breathing in and taking in oxygen (O_2). Expiration is breathing out and eliminating carbon dioxide (CO_2). One inspiration plus one expiration equals one respiration.

Count respirations after counting the pulse. Relax the fingers slightly, but do not remove them. Observe the rise and fall of the patient's chest, and count for one minute, remembering that one inspiration plus one expiration equal one respiration. Observe the rate and character of

the respirations. Respirations are described as deep or shallow; easy or labored; painful, rapid, or slow; noisy. Record respiration rate on a pad in the following order, temperature, pulse, and respiration. The average normal respiration rate is 16-20 per minute.



Inspiration



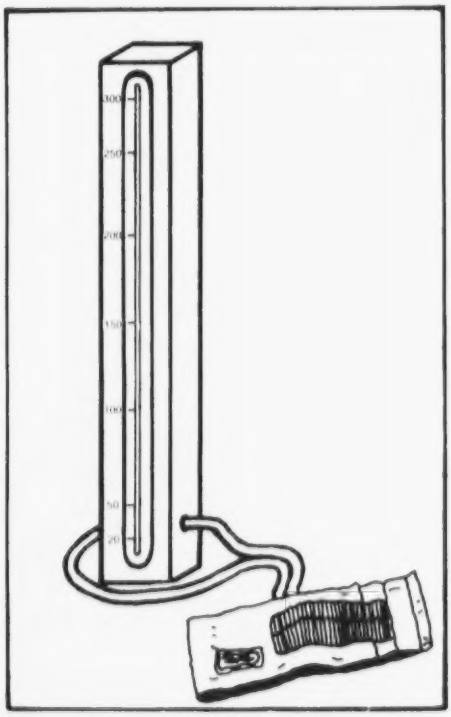
Expiration

Measuring the Blood Pressure

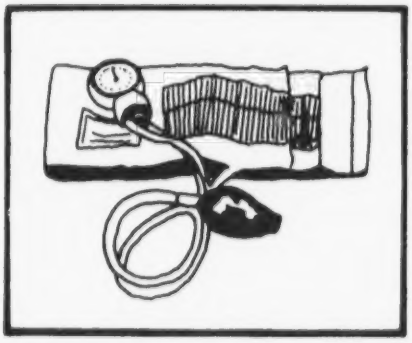
Blood pressure is the force of the blood pushing against the walls of the blood vessels. The systolic pressure is the greatest force exerted on the walls of the artery by the heart, and the diastolic pressure is the least force. A certain amount of pressure is always in the arteries. This pressure is caused by the heart pumping and forcing blood to circulate. Blood pressure depends upon the volume of blood in the circulatory system, the force of the heartbeat, and the condition of the arteries. The average normal blood pressure for adults is 120/80. To determine abnormal blood pressure, refer to the patient's chart for previous readings. Blood pressure can be influenced by age (Pressure is lower in children.); sex (Pressure is higher for men); body weight (Obese persons usually have higher pressure.); exercise (Exertion increases pressure temporarily.); pain; emotion; drugs; disease; hemorrhage; and intracranial pressure.

When taking blood pressure, two things are being done at the same time; listening to the heartbeat as it sounds in an artery in the client's arm, and watching an indicator, either a column of mercury or a dial. The

sphygmomanometer usually called the "blood pressure apparatus" is used to measure blood pressure. The two types are Mercury and Aneroid.



Mercury Sphygmomanometer



Aneriod Sphygmomanometer

The stethoscope is used to listen to the heartbeat. It picks up sound when it is placed against a part of the body.

Stethoscope

Before taking the blood pressure, wash hand; clean the stethoscope ear pieces with alcohol; identify the client; explain the procedure; and position the client and the equipment.

To take an accurate blood pressure reading, select the cuff which properly fits and wrap the arm so that it is smooth. Position the gauge

so that it can be clearly read. Close the valve of the air pump by turning the thumbscrew in a clockwise direction. Feel for the brachial pulse. Position the stethoscope so that the ear tips point forward in the ears. Place the diaphragm of the stethoscope firmly over the brachial artery. Inflate the cuff to the reading of 180; if beats are still heard, pump 20 mm higher until no beats are heard. Deflate the bulb by turning the thumbscrew 2 to 4 mm per second. Note on the scale the first sound. This is the systolic reading. The sounds appear louder and then disappear or change to a muffled sound if it continues to zero. The disappearance or change in the sound is the diastolic pressure. Repeat the process to check the accuracy. If there is trouble or doubt, do not hesitate to ask for assistance. Wait at least 15 seconds before repeating. Record the systolic reading first then the diastolic reading as follows: 120/80.

Remove the cuff. Clean the ear pieces of stethoscope with alcohol and sponge, and return the equipment to storage.

Measuring Weight and Height

It is important for elderly persons to weigh regularly. This is a means of assessing the nutritional status of a client. It may be an indication of the fluid intake, the diet, the metabolism of food, and the output of the client. Drugs will often influence the weight which is one reason that the elderly client should weigh periodically.

The geriatric client can also have a change in height. Since this information may be used to determine dosages of medicine, accuracy is essential.

Identify the client; explain the procedure; and balance the scales at zero. Assist the client in standing in the center of the scales. Adjust the weights on the scales so that the bar balances. Record the weight nearest the marking. Ask the client to stand erect. Bring the measuring rod down until it touches the top of the client's head. Record the height at the nearest marking.

LEARNING EXPERIENCES

1. Arrange for a physician or registered nurse to come to class and talk about vital signs and the importance of correctly measuring and recording the vital signs of elderly people.

2. Have students ask an elderly relative what his/her blood pressure reading is.

3. Have students measure the pulse rate of another student before and after exercising. Compare the readings.

4. Allow students to practice adjusting the thumbscrew control of the blood pressure apparatus.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT X, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT XI. FIRST AID AND CPR

GOAL: After completion of this miniunit, the student will be able to describe selected symptoms which are common in the aged client and the proper first-aid treatment. The student should also be able to apply dressings and bandages and demonstrate the CPR technique.

RESOURCES

Center for Environmental Physiology, Administration on Aging and the Older American: Volunteer Programs/Actions. "A Message for Older Adults: Cold Weather Spells Danger." Washington, D.C.: Center for Environmental Physiology, n.d.

Oklahoma. Oklahoma State Board of Vocational and Technical Education. Health Occupations Education--Health Services Careers. Stillwater Curriculum and Instructional Materials Center, 1979.

Rambo, Beverly J. and Lucille Wood. Nursing Skills for Clinical Practice. Philadelphia: W. B. Saunders, 1982.

TOOLS AND/OR EQUIPMENT

1. Table
2. Chair
3. CPR Mannequin

MATERIALS AND/OR SUPPLIES

1. Sterile cloth for dressings
2. Gauze or cloth for bandages
3. Adhesive bandages
4. Tape, pins, or clips
5. Scissors

OBJECTIVES

1. Describe actions to take before applying first-aid treatment.

2. Describe symptoms and first-aid treatment for shock, bleeding, burns, fainting, convulsion, diabetic reaction, heart attack, and stroke.

3. Demonstrate the method of direct pressure to control bleeding.

4. Demonstrate the application of two dressings and bandages.

5. Demonstrate clearing the airway of an obstruction.

6. Demonstrate the complete CPR technique.

7. Demonstrate the Heimlech maneuver.

INFORMATION AND OR PROCEDURES

First aid is the immediate and temporary care given a sick or injured person until a doctor can be obtained. Knowledge of first aid procedures can mean the difference in life and death or temporary or permanent injury. In an emergency situation there may not be time to wait for professional medical help. Elderly people often require emergency care and knowing what to do and what not to do in an emergency is necessary training for the caregiver.

Common Conditions Requiring First Aid

If the illness or injury is serious, the following steps generally apply: find out what has happened as quickly as possible; keep the victim lying down; check the breathing by laying your hand on the victim's chest and holding your ear to the victim's nose and mouth; observe for pupil reactions; and decide if the victim is conscious. Then begin first aid. Act quickly if there is bleeding or stoppage of breathing. In these cases, seconds count. Have someone call a doctor immediately. Some conditions which are common to the aged and the treatments are as follows:

1. Circulatory shock. Shock may be caused from the loss of any body fluid resulting from prolonged conditions, severe injuries, infection, heart attack, stroke, poisoning, and the lack of oxygen. Sometimes only a few signs of shock are noted but first aid for shock should be given to all seriously injured people. The skin is pale, moist, and cool. If there is bleeding, skin, lips, and fingernails have a blue tinge. Perspiration forms around the mouth, forehead, and palms. Keep the victim lying down; maintain adequate oxygen supply; cover to keep victim from losing body heat and stabilize blood circulation; and give only a few sips of water at a time, or none at all, if there is danger of aspiration or vomiting.

2. Bleeding. A victim can suffer shock, unconsciousness, or death from loss of blood; therefore it should be controlled quickly. The first step in controlling bleeding is direct pressure over the wounded area. Place a sterile dressing against the bleeding point and apply firm pressure with the hand until bleeding stops, and a bandage can be

applied. Elevation of the limb above the level of the victim's heart will help stop the bleeding. If blood soaks through, do not remove the dressing, but add more layers of dressing. Small wounds can be treated with soap and water and an antiseptic before a dressing is applied.

The symptoms for internal bleeding are similar to those for shock. First aid should begin at once. If blood comes from nose or mouth, the bleeding point could be in the lungs, stomach, or skull. The client should be put to bed and kept quiet. Provide pillows to raise the head and shoulders. Give no stimulants. If the victim is in shock or unconscious, turn the side with the head and chest lower than the hips to prevent aspiration into the lungs. If bleeding is from the rectum, vagina, or bladder, elevate the foot of the bed 12 to 18 inches.

3. Burns. First-degree burns will show redness, mild swelling, and pain. Apply cold water and dry dressing. Antiseptic burn ointment can be used.

   Second-degree burns damage the first layer of tissue, will be red or blistered, have considerable swelling, a wet appearance, and more pain. Submerge in cold water; do not break blisters; do not apply ointment; apply dry dressing.

   Third-degree burns cause deep tissue destruction, have a charred or white appearance, and less pain because nervous tissue has been destroyed. Submerge in cold water or cover with thick dressing to prevent air to burned area. The presence of air on the burn produces pain. Cover burns with sterile dressing. Begin shock treatment and transport the victim to the hospital.

4. Fainting. Symptoms include extreme pallor, "cold sweats," dizziness, numbness and tingling in the extremities, nausea, and visual difficulty. The victim should lie down or bend over with the head to the knees. If fainting has already occurred, elevate the feet. If the victim has not recovered consciousness within 10 minutes, it is not simple fainting, but something more serious.

5. Convulsion. The most likely cause of convulsion or seizure is infection, but convulsion also occurs with fever and disease. It is violent, uncontrollable muscle spasms and twitching of the entire body. A seizure may last only a few seconds or many minutes and may occur repeatedly. Do not restrain a person in seizure, but prevent injury by pushing away nearby objects or protecting victim from

falling out of bed. A padded piece of wood placed between the teeth at the side of the mouth will prevent the victim from biting the tongue. Provide bed rest and quiet. Turn the victim's head to one side. Do not put hands or any metal object in the victim's mouth.

6. Diabetic reaction. With unexpected activity or prolonged omission of eating, severe reactions of weaknesses, mental disturbance, convulsion, or unconsciousness occur. Look for identification and follow directions given, or give the victim something sweet (orange juice, candy, sugar, or soft drink).

7. Heart attack. A persistent chest pain, usually under the sternum, which frequently radiates to one or both shoulders or arms, and to the neck, jaw, or both is a sign of heart attack. Shortness of breath, bluish discoloration or pallor of lips, skin, and nails, shock, indigestion, nausea; and vomiting are often associated with a heart attack. Assist in administering prescribed medicine. A lying-down position with head and chest raised is best. Get medical advice before moving the client. Avoid referring to the attack as a heart attack. Give encouraging words.

8. Stroke. In extensive brain damage, unconsciousness, heavy breathing, and paralysis on one side of the body may be present. If the damage to the brain is slight, called a "small stroke," there may be dizziness or headache, failure of memory, change of disposition, muscular difficulty or speech defects. This evidence is sometimes noticed when the victim wakes up in the morning. Keep the victim flat; turn head to the side; cover; do not give fluids or food; and do not use heat.

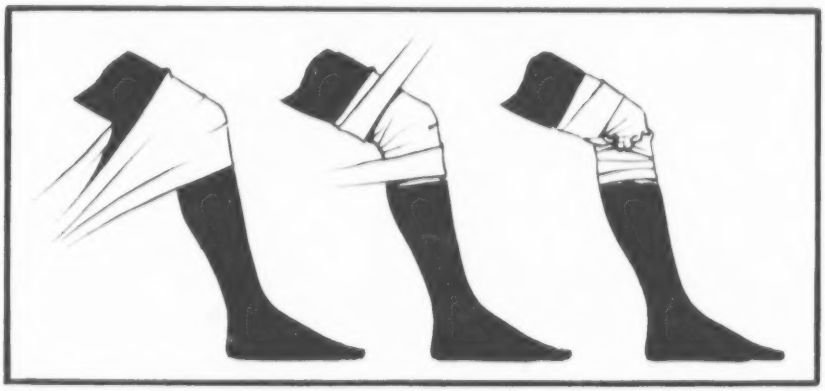
9. Hypothermia. Cold causes danger signals: the body temperature drops; the heart begins to slow down; the body becomes weak; the mind becomes confused; speaking is difficult; breathing is slow; drowsiness occurs; stomach is cold to touch; and trembling occurs on one side of the body or in one arm or leg. If hypothermia is suspected, handle the person gently. Protect from the cold with blankets and extra clothes. Cover the head and neck. Call a doctor immediately. Do not give hot food or drink, raise legs, apply hot water, give alcohol, or massage arms or legs. The best way to prevent hypothermia is to stay warm, dress warmly, and have hot meals and warm drinks to add to body heat. Temperatures below 70° F. can be dangerous for the aged.

Bandages

In many first-aid treatments, dressings and bandages are necessary. Sterile dressings cover the wound, and bandages wrap around the dressing to hold it in place. Gauze or any clean cloth can be used and can be held together with tape, pins, and clips, or split and tied. Wounds, bites, cuts, abrasions, breaks, and sprains need bandages. For minor wounds, wash hands with soap and water; clean the wound area with soap and water, and apply a sterile dressing and bandage, or tape in place. The following are some common dressings and bandages which are most often used in first aid procedures.

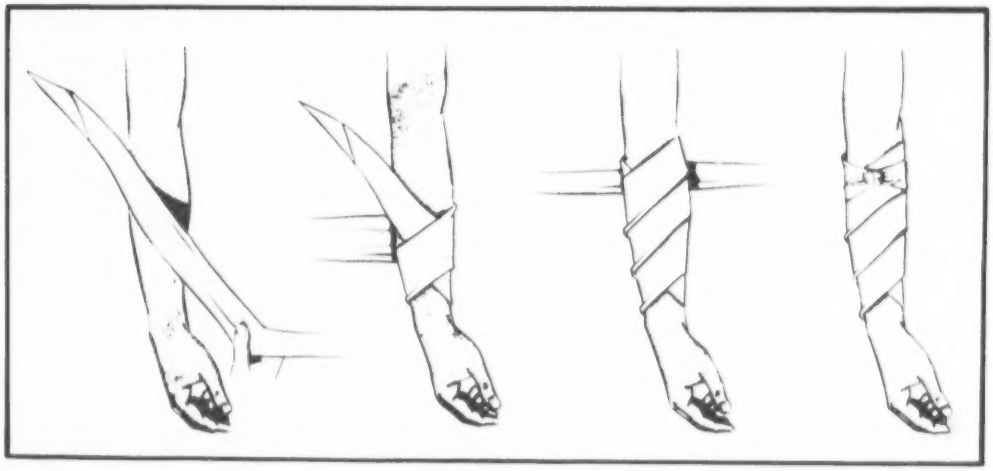
1. Adhesive strips. These adhesvie wound covers are good because they have a sterile telfa-covered gauze pad and act as dressing and bandage.

2. Circular bandage. Gauze strips secure the dressing by encircling each layer on top of the first, then tied.



Circular

3. Spiral bandage. Anchor the bandage over the dressing and encircle the area by making spiral turns around the limb. Secure with pins or clips, or split and tie.



Spiral

4. Figure-eight bandage. Anchor the bandage at the distal position of the foot. Wrap the bandange around the ankle, over the top of the foot, under the foot and back around the ankle. Overlap each layer 2/3 of the width. Make certain there are no folds or wrinkles. Fasten the ends. Check the toes (or fingers) frequently (every 15 minutes initially) to make certain circulation is not cut off. A change of color or swelling are signs of a too tight bandage.

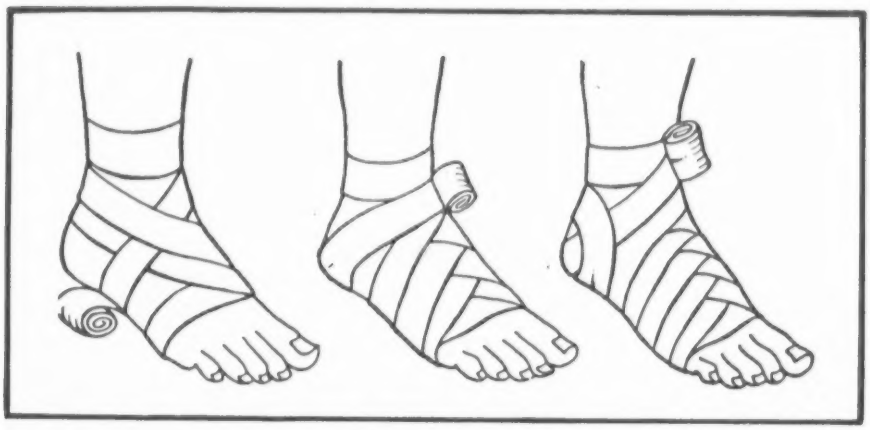
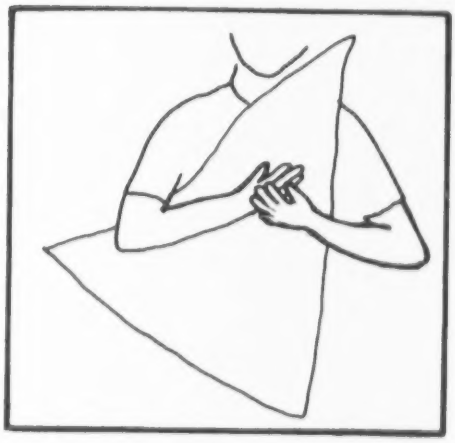


Figure-eight

5. Triangular sling. The sling can be made from any cloth and should be 55" across and 33"-40" along the sides. Place one end of the cloth over the uninjured shoulder and let the other end hang down in front of the victim's chest. Put the pointed end behind the elbow, pull the second end over the shoulder and tie two ends at the side of the neck. (Do not tie over the spine.) Turn the point of cloth forward and pin snuggly in front. Fingers should extend just beyond the base of the sling, and the sling should be adjusted so that the hand is elevated four or five inches above the elbow.



CPR (Cardiopulmonary Resuscitation)

Cardiopulmonary resuscitation or CPR should be done by a qualified person who has been trained. The ABC's of CPR follow:

A--Airway: Obtain an open airway and keep it open.

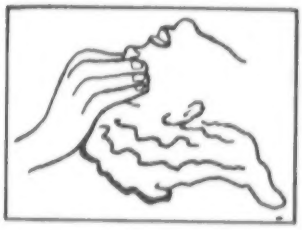
B--Breathe: Blow air into the victim's lungs and allow it to return.

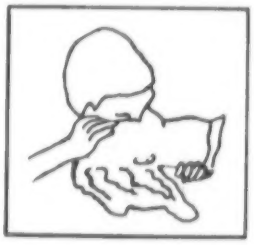
C--Circulation: Check for the pulse.

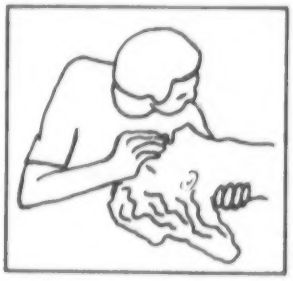
To open the airway, grasp the lower jaw below the ears and pull it in a forward motion. Press on the forehead to position the head backward. This procedure will open the airway.

To assess the victim's breathing hold your cheek near the victim's nose and mouth and lay your hand on the victim's chest. If no breathing can be detected proceed with mouth-to-mouth ventilation.

Position the head backward with your hand under the victim's neck so that the chin points upward. Hold the nostril shut with the thumb and index finger. Open your mouth widely, take a deep breath, and blow air into the victim's mouth. Provide one breath every five seconds. Watch the victim's chest to see if it rises and falls after each breath. Stop blowing when the victim's chest expands and listen for exhaled air.







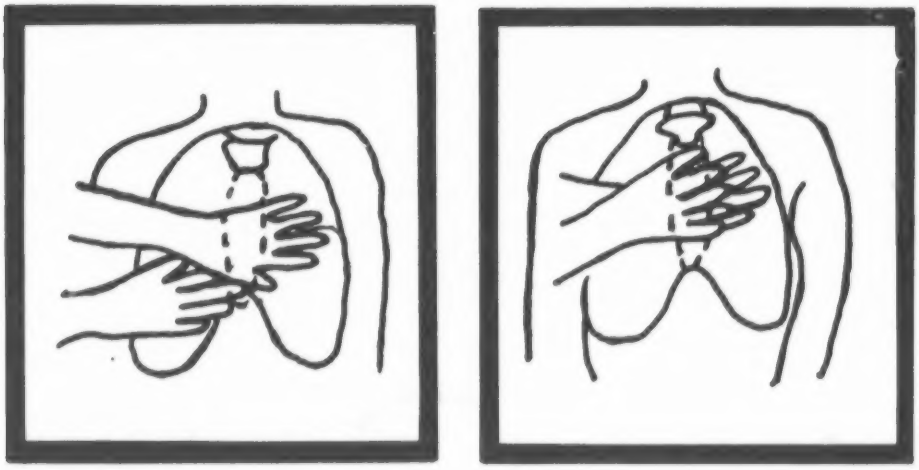
Assess the carotid artery inside the victim's neck very carefully to see if there is a pulse. If there is any pulse, do not do the chest massage because this can cause damage. If there is no pulse, external cardiac massage is necessary to attempt to force the heart to pump blood. This procedure can be practiced on a mannequin designed for CPR training. Practice the following procedure:

1. Kneel at victim's side near the chest.

2. Locate the lowest part of the sternum (breast bone).

3. Place the heel of one hand about 1"-1 1/2" away from that tip.

4. Place the other hand on top of the one that is in position keeping fingers interlaced to prevent touching the chest wall.



5. Bring shoulders directly over the victim's sternum, keeping your arms straight, and compress downward about 1 1/2"-2".

6. Without moving your hands, relax after each compression, allowing the chest to return to normal position. The rate of compressions should be about eight times per minute for an adult.

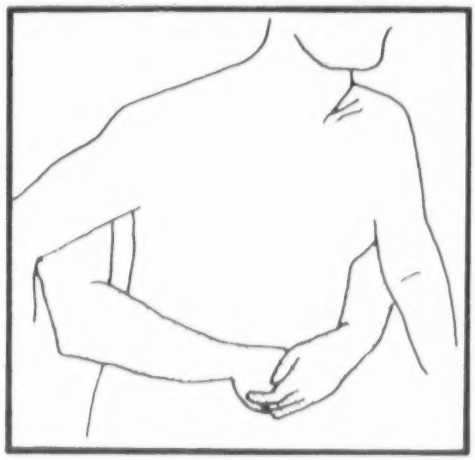
The Heimlech Maneuver

The procedure for the Heimlech maneuver if the victim is sitting or standing follows:

1. Position yourself behind the victim.

2. Wrap your arms around victim's waist.

3. Make a fist with one of your hands and place it thumb side in above the victim's navel and just below the rib cage.



4. Grasp your fist with your other hand and press into the upper abdomen with a quick upward thrust.

5. Repeat until it is ejected.

6. Remove the object from the victim's mouth.

The procedure for the Heimlech maneuver when the victim is lying down follows:

1. Place the victim's face up and kneel at his/her side.

2. Place one hand on top of the other.

3. Place the heel of the bottom hand on the abdomen with a quick thrust.

If you are alone and choking, press into a table or a sink or use your own fist.

LEARNING EXPERIENCES

1. Have student role-play with each other to simulate symptoms and first-aid treatment.

2. Get permission to examine the school first-aid cabinet. Make suggestions for improving its use.

3. Arrange for a certified CPR instructor to demonstrate CPR in the classroom.

4. Assemble a first-aid kit and demonstrate the proper use of the items.

5. Clip reports from the newspaper of accidents to the aged and discuss how they could have been prevented.

6. Have students suggest ways to make a bottle containing poison that could be recognized in the dark.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT XI, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT XII. SOCIAL ACTIVITIES FOR THE GERIATRIC CLIENT

GOAL: After completing this miniunit, the student will be able to explain reasons for selecting particular activities, guide and assist persons in appropriate activities, and describe the reaction of the individuals who did participate.

RESOURCES

Caldwell, Esther and Barbara R. Hegner. Geriatrics. Albany, New York: Delmar Publishers, 1975.

Nursing Services. American Red Cross. Home Nursing. New York: Doubleday & Company, Inc., 1963.

TOOLS AND/OR EQUIPMENT

1. Table
2. Chair
3. Sewing machine

MATERIALS AND/OR SUPPLIES

Various materials and supplies depending on activities chosen by students and approved by the teacher.

OBJECTIVES

1. List three reasons social activities are important for elderly people.

2. Name three activities which can help elderly clients relate to other people.

3. Demonstrate an activity which can help elderly clients become involved in community events.

4. Name an activity that can help elderly clients express feelings such as joy by laughter.

5. Demonstrate an activity which can help elderly clients to feel needed.

6. Demonstrate an activity which an elderly client can enjoy independently.

INFORMATION AND/OR PROCEDURES

Importance of Social Activities

As the individual gets older, more time is made available for recreation or leisure activity. To have an appeal and to fill the hours in a satisfying way, there must be a sense of purpose and interest to the aged. To have friends, to love and be loved, and to have a "place" in the community is as important to older people as it is to younger. Many elderly people are lonely and feel isolated from friends and family. Visiting and being included in family gatherings is a valuable source of enjoyment, makes the aged feel loved and needed, and improves their self-esteem.

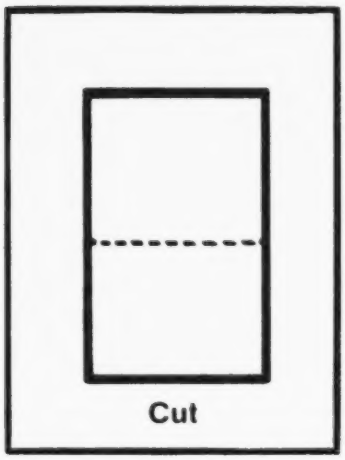
Each geriatric person has individual abilities. It is true that bodily processes are slowing; this includes slower movement of the hands and legs; lessened hearing and vision; and in slower thinking. It is important to continue to use all bodily processes that activity can be maintained as long as possible. Much of this can be challenged through social activities.

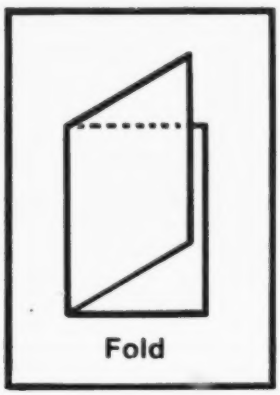
This miniunit includes various activities which are suitable for use with the aged. Activities given in this miniunit may be used or ideas can come from other sources. Before demonstrating any activity, determine the capabilities of the clients, and plan activities which will meet the special needs of those clients. For instance, if a client is hard of hearing, do not plan an activity using the telephone; if a client is bedridden, do not plan an activity that requires walking. Gather all supplies needed; allow plenty of time for clients to participate; give clear instructions, and be cheerful, sociable, and helpful during the activity. Observe the client's response to the activity and plan accordingly as to whether to continue or choose another activity.

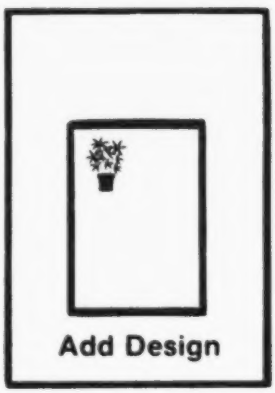
Independent Activities

Activities which geriatric clients may do independently when they are at home or in their room, include handwork, such as knitting, crocheting, and embroidery; reading and/or writing, such as letter, books, poems, memories, and creative writing; painting; playing card games; and playing musical instruments. The following instructions for making note paper is a good example of independent activity for older people: Cut a 8 1/2 x

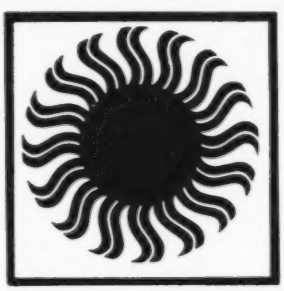
11" piece of typing paper in half from side to side. Fold the left side to the right edge making a folded note 4 1/4 x 5 1/2", use water color or magic markers to paint a design in the top left hand corner. This note paper can then be used for greetings and mailed in a regular letter size envelope.

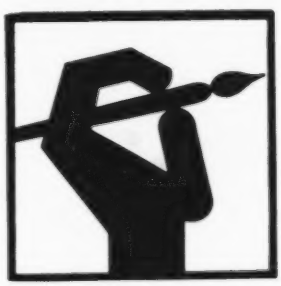






The design for the upper left hand corner can be something creative or one of three simple designs below can be copied.





Family-Oriented Activities

Family oriented activities for the aged include household chores such as, cleaning, cooking, gardening tasks, and entertainment. One means of family entertainment which is enjoyable is making popcorn. This is a simple and inexpensive activity. This activity is safe and has proven to be one of the most enjoyable for older people.

Religious Activities

In the United States more older people belong to churches than any other type of voluntary organization. Religious practices outside the home increase after the age of sixty-five. Church-oriented activities include prayer, reading the Bible and related material, attending worship services, Bible study groups, and participating in other church-related activities. An aged person who is able to use the telephone can participate in church work by making telephone calls to visitors or to absent members of the church. Use the following guideline to call an absentee church member:

> Hello, I am _____ from _____ church. We missed you in church last week and want to invite you to be there next week. I hope you can come. Can we do anything to help you?
>
> (Wait for a reply or any conversation which may follow.)
>
> I enjoyed talking to you and hope to see you soon. Goodbye.

Group Activities

Many older people lose their friends as a result of death, and fewer opportunities exist for the elderly to make new friends. Joining in a group gives the elderly an opportunity to meet other older people. Group activities include discussing current events, sharing past experiences, exercising, dancing, walking, playing card games, dominoes, and other group games; and quilting. The following exercises make a good group activity:

1. Lung expanding exercise. Stand erect. Breathe in to a slow count of five, through a partly open mouth. Rise on the toes and raise the arms straight above the head, stopping at the end of the count. Breathe out forcibly through the nose while lowering the arms to the sides in the beginning position. Repeat ten times. start and end the session with the lung-expanding exercise.

2. Hand stretch. Open the hand wide. Spread the fingers, palms up. Stretch and curl the fingers in to form a tight fist. Repeat 10 times on each hand.

3. Waist bend. Stand erect with your feet apart. Clasp your hands behind your neck. Bend back as far as possible without straining.

Inhale to a count of three then exhale, and return to erect position. Repeat bending to the left, then to the right, and then forward three times in each position.

4. Leg swing. Stand erect. Hold onto back of the chair for balance. Raise the right leg holding onto the chair with the left arm. Swing the right leg back and forth as far as possible without straining, ten times. Turn and hold the chair with the right arm. Repeat the exercise with the left leg.

5. Bicycle exercise. Lie with your back flat on the floor, legs together, and knees bent so that your feet rest flat on the floor. Bring your knees up slowly and raise your legs, pedalling as if riding a bicycle. Pedal to count of ten then rest feet flat on the floor.

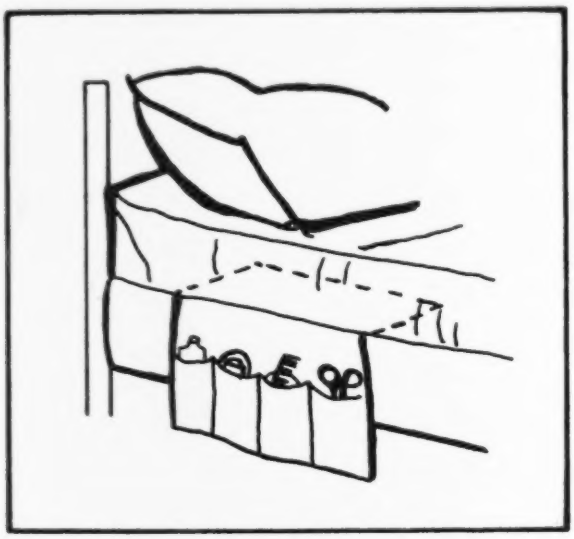
6. Neck rotation. Look straight ahead. Rotate your head to one side, trying to touch the chin to the shoulder tip. Return your head forward and do the same on the other side. Repeat ten times.

7. Toe touch. Stand erect with your legs spread and your arms straight out. Bend your body reaching with your left arm to your right foot, holding the right arm so that it points straight up. Do not try to touch your toes. Straighten to the erect position. Rest a few seconds then repeat with your right arm reaching down to your left foot. Repeat five times on each toe.

Community Volunteer Projects

As people become older, they depend more on the services provided by others. Community facilities for the aged include YMCA and Centers for Senior Citizens. Community-oriented activities include collecting for the Heart Fund and March of Dimes; volunteer work in a hospital or nursing home; participating in "Neighborhood Watch" for crime prevention; participating in "Operation Good Morning" for security measures; and fund-raising to make extra money. A good fund-raising project and a convenient item for geriatric clients is an accessory bag. The cloth bag is attached to the side of the bed and can be used to hold small items such as comb, brush, mirror, paper, and pencil. The bag should be made from durable washable fabric approximately 12 x 20 inches. On one end make a pocket about six inches deep with divided sections. At the other end of the bag make a double fold of material about ten inches into which a piece of cardboard can be inserted to keep the bag extended to its full

width when placed between the mattress and springs. The illustration shows how the bag can be used.



LEARNING EXPERIENCES

1. Have students plan an activity for the aged and role-play with classmates to demonstrate the activity.

2. Discuss qualifications that would make one suited to leading in activities for geriatric clients.

3. Find out what community services exist in the neighborhood and what services they offer the aged.

4. Have students offer to help a voluntary agency in the community to collect funds and report to the class the effect of the experience.

5. Maintain a list of activities that would interest a bedridden client, a convalescing client, and a well client.

6. Plan a party for older people including activities that both young and old could enjoy.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT XII, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT XIII. IMPROVISED EQUIPMENT

GOAL: After completing this miniunit, the student will be able to make selected nursing care equipment using materials available in the home.

RESOURCES

Nursing Services. American Red Cross. Home Nursing. New York: Doubleday & Company, Inc., 1963.

TOOLS AND/OR EQUIPMENT

1. Bed
2. Blankets

MATERIALS AND/OR SUPPLIES

1. Cardboard cartons
2. Newspapers
3. Cloth for coverings
4. Sharp knife
5. Strong cord
6. Tape
7. Two boards--14" lengths
8. Hammer
9. Nails
10. Four #10 cans with tops and bottoms
11. Sand or pebbles
12. 2" x 8" x 12" pan
13. Quart jar or empty milk carton
14. Absorbent cotton
15. Toothpicks
16. Clean glass jar with lid
17. Heavy fabric or nylon stockings
18. Clean paper
19. Two wood blocks
20. Aluminum foil

OBJECTIVES

1. Make a backrest from a cardboard carton.

2. Make a foot support using a cardboard carton or wood.

3. Make bed blocks using wood blocks.

4. Make a bed table from a cardboard carton.

5. Make a bed cradle from a cardboard carton.

6. Make a waste container from newspaper.

7. Make a bedpan from a cardboard carton and metal pan.

8. Make cotton applicators with toothpicks and cotton.

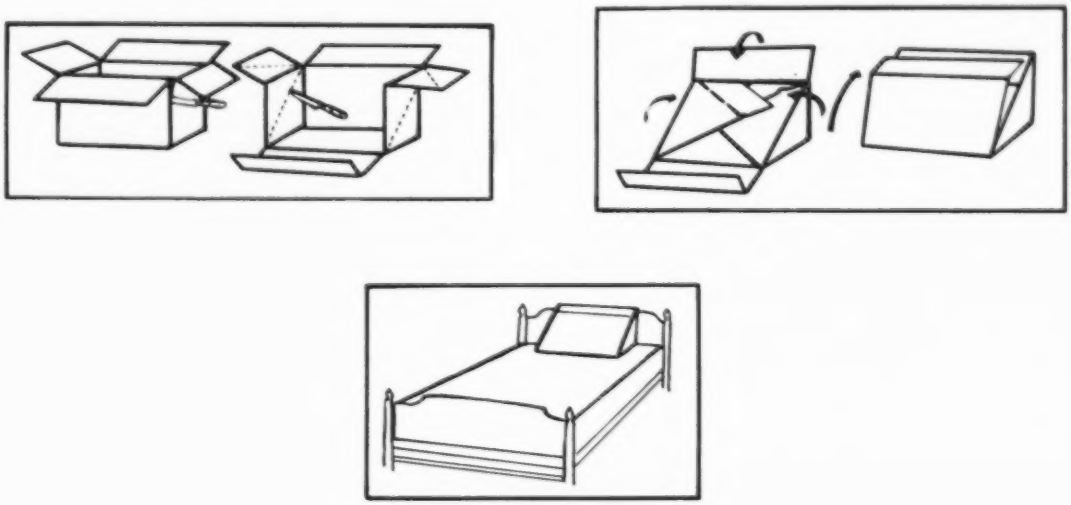
9. Make a door silencer from fabric or nylon stockings.

10. Make a drinking cup from paper.

INFORMATION AND/OR PROCEDURES

During an illness or in an emergency, nursing-care equipment can be improvised from materials available in the home. The home nurse or caregiver can use ingenuity in making useful items which will save time and money and which will make the client more comfortable. Before making equipment for use at home, consider the following: How long will it be needed? Will it cost less to make than to purchase? Will it bring comfort to the client? Is it safe for the client, the caregiver, and others in the home? Is it attractive and durable for the length of time it will be needed? The following are ideas for improvised equipment:

1. Back rests. The purpose of a back rest is to give support when a client sits up in bed. Use the broad side of a cardboard box approximately 24" x 24" x 18". Slit the corners of the front from top to bottom. Score the short sides of the box diagonally from



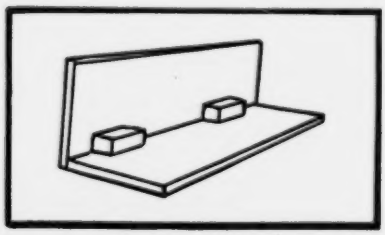
Steps in Making Back Rests.

top to bottom on the inner side. Bend inward on the scored lines. Bring the front side of the box up over the folded sides. Tie or tape in place forming a triangular-shaped back rest. Then cover with a piece of soft cloth. Place the slanting side toward the client and the flat side snuggly against the head of the bed.

2. Foot supports. To prevent weight or pressure on the client's toes and to maintain proper position of the feet, a support should be two inches higher than the feet. The condition of the client determines the type of support needed. When the client is lying flat, tape flaps of a 9" x 12" x 14" cardboard box in place and cover with attractive cloth. Brace it securely against the foot of the bed with the feet against the support in the normal walking position with toes pointing up.

   When the client is sitting up, make a support following directions for a back rest. Brace the straight side firmly against the foot of the bed with the feet on the slanted side.

   When the client has special needs, make a footboard from two boards 14 inches long and nailed together at a direct angle with 2" x 4" wood blocks. Anchor the support under the mattress so that the mattress is held away from the end of the bed to provide space at the end of the mattress for the client's toes or heels. Place the client's feet against the support maintaining good body alignment.



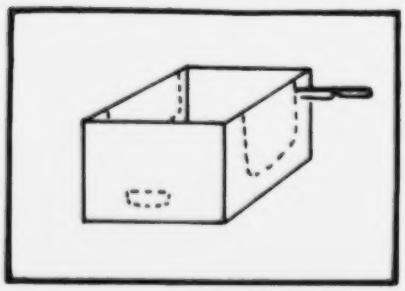
Wood Footboard

Position under Mattress

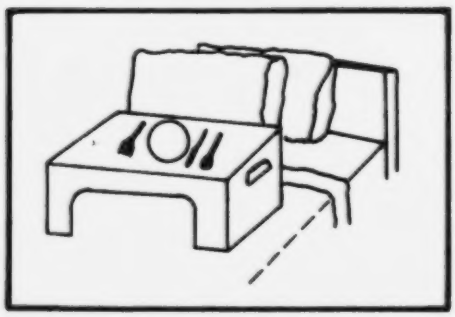
3. Bed blocks. The bed is a suitable working height when palms of the hands can lie flat on the mattress without raising or lowering the shoulders. The proper height of the bed will lessen strain on the back and shoulder muscles and reduce the fatigue of the caregiver. To raise the bed to a convenient height, fill four large cans about two-thirds full of sand or pebbles. Place the tops of the cans on

top of the sand or pebbles to give the bed legs a steady base. Remove the casters from the bed and place a can under each bed leg.

4. Bed tables. A satisfactory bed table can be made from a cardboard box 10" x 12" x 2". Cut away the top cover flaps. Cut curved pieces out of the two wide sides to allow the table to fit over the client's thighs, leaving at least two inches around sides and the top for support and strength. Cut a narrow opening near the top on each closed side to lift and carry. Improve the appearance with a cover of cloth, paint, or wallpaper.

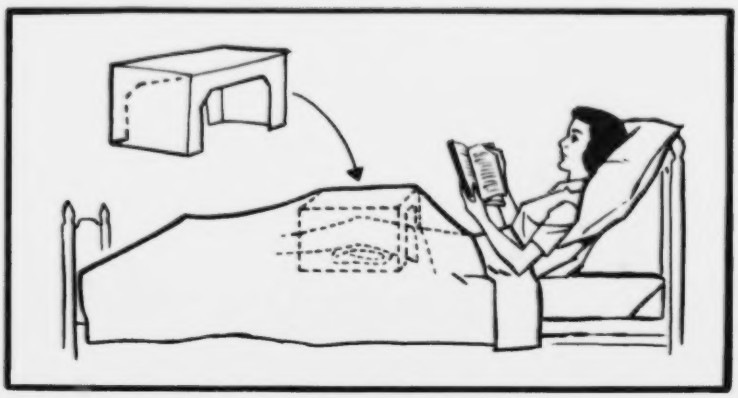


Cardboard Box



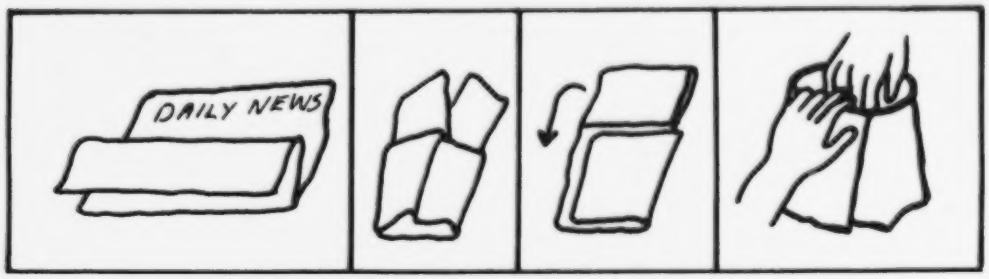
Bed Tables

5. Bed cradles. A cradle is used to keep the weight of the bedclothes off the client's entire body or an affected part. Make the cradle following instructions for the bed table. The part of the body to be protected and the size of the client will determine the size of the cradle.



Bed Cradles

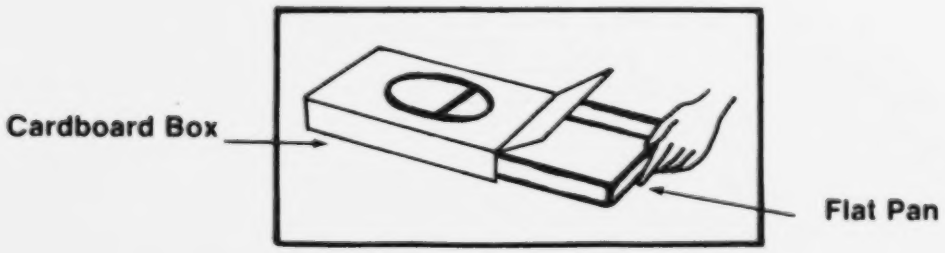
6. Waste containers. Disposal bags made from newspaper are convenient for the sickroom and less expensive than purchased disposable bags. Fold a double sheet of newspaper in half, then bring the upper edge of the top half of the paper to the fold at the bottom, making a cuff. Fold the paper in thirds from the side toward the center and crease. Tuck one side under the cuff and the other side to lock it in place. Fold the top flap over the locked side of the cuff. The flap serves as a cover when it is to be discarded.



Steps in Folding a Paper Waste Container.

7. Urinals. A substitute for the bottle-shaped receptacle that male clients use when urinating can be a clean empty milk carton, a tall can, a quart class jar, or a pitcher.

8. Bedpans. In an emergency, a bedpan can be improvised with a flat pan approximately 2" x 8" x 12" placed inside a flat cardboard box with an oval opening cut in the top surface of the box to form a seat. Cover the pan with aluminum foil which can be disposed of after each use.



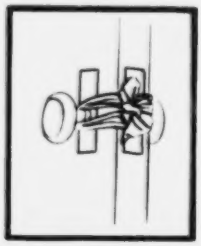
Emergency Bedpan

9. Cotton applicators. Cotton applicators are used to apply an antiseptic to simple wounds or to clean the mouth, nose, or ears. Make sure you have clean hands. Wet the end of a toothpick and place the moist end of the stick at the center of a piece of cotton. Roll the stick between the fingers while shaping the cotton to bind it to

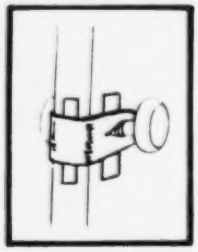
the tip. Store the applicators in a clean, covered container with the cotton end down for cleanliness when handling.

10. Door silencers. A caregiver should be able to open and close the sickroom door quietly without disturbing the client's rest. Tear a 3" x 24" piece of fabric lengthwise from each end toward the center to form two ties and a 2-inch center section. Place the center section of the strip across the door latch and tie it securely around both doorknobs. Old stockings or a length of 3" x 10" rubber can also make door silencers.

3" x 24" Torn Fabric

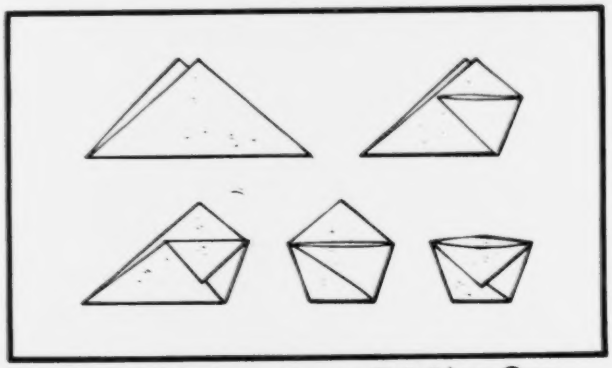


Fabric or Stocking



Rubber

11. Paper drinking cups. Knowing how to improvise a paper drinking cup may be valuable in an emergency. Fold a 7" x 7" square of clean paper in half diagonally. Place the folded edge parallel to the table edge. Fold the lower right-hand corner up toward the left until the point touches the left-hand edge of the paper. Make a crease and fold back the top half of the upper corner to lock the side. Crease the edge. Then turn the paper over and fold the lower right-hand corner up to the left until the point touches the left-hand edge of the paper. Make a crease. Then fold the flaps on each side toward the bottom to lock the side. Crease the edge. Pick up and press the sides to open the cup. Dispose of the cup after use.



Steps in Folding a Paper Drinking Cup.

LEARNING EXPERIENCES

1. Have students make some emergency equipment, then practice its use with classmates.

2. Locate other ideas for improvised equipment that can be used in the sickroom and demonstrate their uses.

3. Keep a file on sickroom and hospital equipment and their uses.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT XIII, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

MINIUNIT XIV. THE DYING CLIENT

GOAL: After completing this miniunit, the student will be able to discuss the psychological stages of death, describe the physiological signs of death, and prepare a body after death.

RESOURCES

Instructional Materials Laboratory. Aging. Columbia, Missouri: University of Missouri, 1980.

Rambo, Beverly J. and Lucile Wood. Nursing Skills for Clinical Practice. Philadelphia: W. B. Saunders, 1982.

TOOLS AND/OR EQUIPMENT

Bed

MATERIALS AND/OR SUPPLIES

1. Basin and water
2. Towels
3. Comb
4. Brush
5. Plastic bag for valuables
6. Body tags or labels
7. Shroud, large plastic bag, or sheet
8. Gauze, dressings, or cotton balls
9. Safety pins
10. Gown or suitable clothing
11. Pillow

OBJECTIVES

1. Describe the five stages of coping with death.

2. List five signs of approaching death.

3. Prepare the body after death.

INFORMATION AND/OR PROCEDURES

Coping with Death

In our society, death and dying are not regarded as part of the life span by most people. We do not believe it will happen to us. We associate fear with death because of violence we see on television, but the majority of deaths are not violent. Most people die in their beds. The major causes of death in the United States are heart disease, cancer, stroke,

accidents, flu, and pneumonia. Since 80% of all deaths occur in hospitals, workers who care for clients see more death than the average persons.

When death occurs, not only the patient, but also the family and the caregiver must cope with the loss. People go through five different stages in the grieving process. In each case, the caregiver's understanding and concern can help the client and the family through the struggle. The stages are listed below:

1. Denial. The general attitude is "No." The client cannot believe the fact of death.

2. Anger. The general attitude is "Why?" The client looks for causes or fixes blame.

3. Bargaining. The general attitude is "But . . . ." The client has unfinished business. Promises are given in return for longer life.

4. Depression. The general attitude is "It's hopeless." The client mourns approaching death.

5. Acceptance. The general attitude is "I am ready." The client has the feeling that the task is finished and it is right to die.

A caregiver will continue to provide care, attention, and support during this time. Staying beside the bed, touching, or holding hands can provide comfort and reassurance and can spare the dying client unnecessary pain and suffering. When a client dies, the caregiver often has a variety of emotions: a sense of betrayal because the client died instead of recovering; feelings of relief or guilt; or feelings of dread and fear.

Signs of Approaching Death

Death occurs when the body functions stop. A client is considered to be dead when breathing stops or when the heart stops beating. Signs of approaching death include the following:

1. The eyes stare, become fixed, and do not respond to light.

2. Circulation slows. The hands and feet become cold. The pulse becomes weak and thready, and blood pressure falls.

3. The reflexes gradually disappear, and the sphincter muscles relax.

4. Respirations are slow. Shallow breaths followed by short period of apnea (no respiration), then repetition of the cycle until all breathing stops.

A number of changes take place in the body after death occurs. Rigor mortis begins about two hours after death, lasts about 96 hours, then passes. Rigor is the condition when the muscles of the body become contracted and immobilize the joints.

Postmortem Care

Upon pronouncement of death the caregiver will be expected to carry out the following procedures:

1. Gather the necessary equipment. Take it into the room, close the door, and wash your hands.

2. Elevate the bed to working height and set it in a flat position.

3. Place the body in a supine position as in sleeping. Close the eyes using cotton gently applied over the eyelids. Straighten the body, with arms laid to each side, palms down. Place a rolled towel under the chin to keep the mouth closed. Place a pillow under the head.

4. Remove any jewelry and list all personal articles. Nothing is too small to be listed on the valuables list, for these articles are valuable to the family.

5. Provide security for the deceased client's valuables. Never leave valuables unattended. Place them in the nursing station until they can be released to the family.

6. Clean the body. Using plain water, wash the areas of the body that may be soiled with blood. If leakage occurs, place a gauze pad over each opening and secure it with tape.

7. Arrange the hair. Brush and comb the hair neatly.

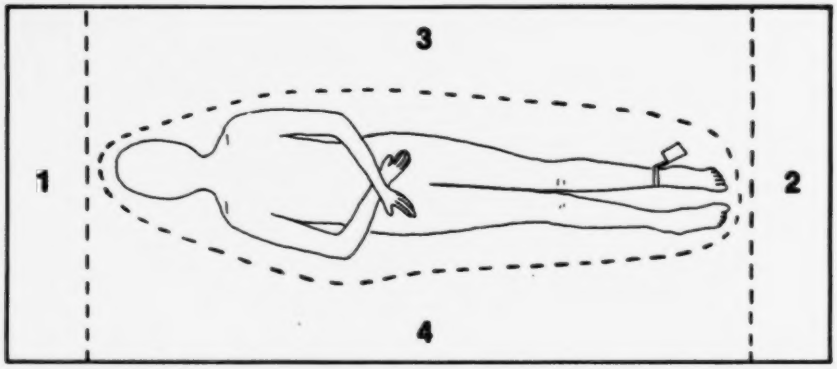
8. Care for drainage and other tubes. If there is to be an autopsy, the tubes are generally left but the bottles or bags are removed. If there is no autopsy, tubes may be removed.

9. Change the dressings. Soiled dressings should be replaced with fresh ones.

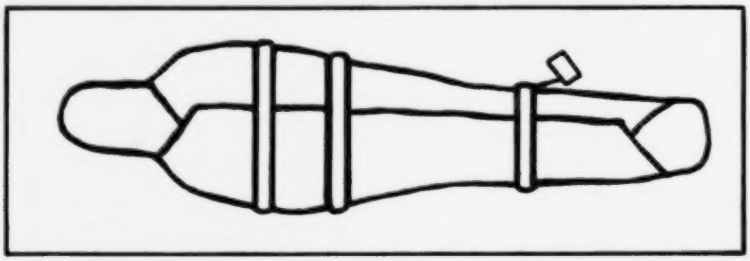
10. Dress the body in a clean gown for viewing by the family. Straighten the bedding as though the client was prepared for a nap.

11. Attach an identifying tag to the body. Label the tag with the client's name, age, sex, date, hospital or house number, and the physician's name. Tie the tag to the ankle.

12. Place the body on a shroud if this is the agency's policy. Crisscross the wrists over the abdomen. As shown in the sketch, wrap side 1 over the head, side 2 over the feet, sides 3 and 4 over the top.



13. Use safety pins or masking tape to keep the shroud in place. Apply the outside label. Pin this label to the outside of the shroud.



14. Do not leave the body unattended until the mortician arrives.

15. Strip the client's room. Remove all soiled linens and clean the room.

16. Record the procedure. Record the time and date the body was taken to the morgue. If valuables were given to the family, record the name of the person to whom they were given, the time, and date. Have a coworker witness this action and sign.

SUGGESTED ACTIVITIES

1. Arrange for a visit to a local morgue or funeral home.

2. Begin a file of articles related to major causes of death in the United States.

3. Discuss ways the caregiver can help the dying client and/or the family.

4. Prepare a mannequin as though it were a dead body.

5. Discuss ways a caregiver can cope with the stress related to caring for the dying client.

INSTRUCTIONAL OUTLINE

To teach the tasks associated with MINIUNIT XIV, a series of events must occur sequentially. In the following space, list the tasks and outline the procedure that should be used in teaching the miniunits.

List of Tasks	Procedure for Accomplishing Each Task
1.	1.

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